

**Chessington Park Surgery  
Merritt Medical Centre  
Merritt Gardens  
Chessington  
KT9 2GY**

**Emergency/Business Continuity Plan**

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<b>Date of issue</b>	
<b>Date tested</b>	
<b>Date of review</b>	<b>12/4/2021</b>
<b>Date of next review</b>	<b>October 2020</b>

**Introduction**

There are three elements to this plan:

1. the response to an incident by general practitioners and primary care teams in support of the NHS as a whole;
2. the business continuity of the practice during a widespread incident affecting the community; and

3. the business continuity of the practice in the event of an internal incident affecting the business of the practice.

The responsibilities of the CCG for element 1 are in black and the parts relevant to the practice in red.

As a category 1 Responder under the Civil Contingencies Act 2004, Clinical Commissioning Groups have a duty to ensure that those organisations delivering services on their behalf (e.g. contracted-out services) or capabilities that underpin services, can deliver to the extent required in the event of an emergency.

### **Document Review Arrangements**

This document will be reviewed on a regular basis or when there is a change in the working systems of the practice or changes to the contact arrangements of staff or suppliers that affect the content. The date of the review will be recorded on the front of the document along with the date of the next review. This will be the responsibility of the Practice Manager

### **Training**

The emergency and business continuity response arrangements within this plan are useless if the staff that are expected to implement them at the time of an emergency are unaware of them. To this end all staff will be made aware of the plan as part of their induction training. If there are any significant changes to the plan that affect the way in which staff respond these will be communicated to them.

### **Activation of the Plan**

The nominated persons for this surgery to decide whether the plan or any part of the plan is activated will be one or all Partners as available and the deputy in case of their absence or unavailability will be the Practice Manager. Contact details are

Dr Prasun Kumar    Mobile: 07388 050210  
Senior Partner

Dr Tribhavanh Verdi    Mobile: 07872 141824  
Partner

Jane Hutchings  
Practice Manager    Mobile: 07941189896

The decision to activate all or part of this entire plan can be done following discussion by the parties above or as many as are available.

### **1. Emergency Response to Major Incidents**

Clinical Commissioning Groups are responsible for harnessing and effectively utilising the primary care resources where needed to support for example, the establishment of ad hoc emergency assessment facilities or emergency vaccination programmes, other requests from GP and Clinical Commissioning Groups may be to assist at Local Authority rest/evacuation or survivor centres.

The Royal College of General Practitioners believes that “GPs would have a professional responsibility to take whatever action they could in contributing to the emergency response whilst continuing to provide general medical care to the community within the limited conditions imposed by the nature of the incident”.

Chessington Park Surgery will assist SWLondon CCG and Kingston Borough Team in carrying out these duties to the extent assessed as appropriate to the circumstances following discussion between the Partners and CCG.

### **Medical Support at Rest, Evacuation and Survivor Centres**

In the NHS Guidance on Major Incidents Clinical Commissioning Groups have a responsibility to provide medical support to rest, evacuation and survivor centres, on request.

It has been recognised that when people are caught up in a major incident, whether directly involved in the incident or as a secondary impact of being evacuated, that they will arrive at the centre without their medication. In these instances a local practice may receive a request for GP support, to assist in the process of prescribing and supplying medications.

Chessington Park Surgery will respond as appropriate to such a request.

### **Vulnerable People**

In the event that there is reason to evacuate part of the community for any reason the practice has a responsibility to work with the other agencies to assist in any way possible. This may be by identifying vulnerable people who are known to the practice, so this can be highlighted with the teams evacuating the residents and also so that their needs can be taken into consideration. One of the sources of this information will be the GP Practices serving the community.

The practice will hold a list of vulnerable people that they are aware of in the community, which in the event that an evacuation is required can be shared with the CCG, so this can be considered in planning for the evacuation.

Any practice staff that become aware of a vulnerable client registered with the practice will inform the Practice secretaries who will be responsible for maintaining the list. The list will be kept on the P drive of the computer and a copy in each of the Partner and Practice Manager's home

### **Mass Vaccination / prophylaxis issue**

In the event of a major outbreak of infectious disease, the NHS via the CCGs may be required to organise the mass vaccination or issue of prophylaxis to part or the whole of the community; for example, in the case of a smallpox outbreak the DoH have issued a framework that proposes that the entire eligible population of the UK will be vaccinated within three days. In these cases the GP practices may receive a request for assistance in the implementation of such a process.

Chessington Park Surgery will respond to this request as appropriate.

### **Coordination of support from GPs and Clinical Commissioning Groups during a Major Incident**

This response will be coordinated by the Clinical Commissioning Groups to prevent duplication and maximise the overall response. To assist in this the NHS will set up its command and control structure. This comprises an emergency control centre (ECC) being established within each CCG affected.

Where support is offered or requested from GPs and Clinical Commissioning Groups this needs to be coordinated through the CCG responsible for the area in which the practice is situated.

### **Chemical Biological Radiological and Nuclear (CBRN) Incidents**

As general practices are considered as one of the first ports of call into the health system along with minor injuries units, walk in centres and A&Es, it is not inconceivable that if there was ever a CBRN incident within our area general practices would have patients self-presenting to surgeries.

In the event of an overt release of contaminated material at an identified site, the emergency services have plans to establish cordons to contain the contamination and contaminated casualties, but there is always the possibility that casualties will have left the scene before the emergency services arrive. If there is a covert release of CBRN contamination, then it may be some hours or days later that those contaminated, as well as those they have been in contact with since the release, start experiencing signs and symptoms. It is at this time that the first presentation at a GP practice is possible.

As soon as the authorities are aware of an incident involving CBRN release and possible self-presentation of contaminated casualties at any entry to the health system, all responding agencies will be informed as set out in the Joint Services CBRN protocol.

In the event that a contaminated casualty presents at the practice the following steps should be taken.

- 1 Contain the casualty away from others, keep all staff at a distance.
- 2 Consider also containment for those who have already come into contact with the casualty.
- 3 Call the Ambulance Service, stating that you have a contaminated casualty at the practice.
- 4 Ask the casualty to remove their clothing, as this has been shown to reduce the contamination by up to 80% of contaminant. Provide a plastic bag for the casualty to place the clothes in.
- 5 Provide the casualty a 10Lt bucket of warm water containing 10ml of washing up liquid and a sponge, encourage the casualty to wash their whole body. Eyes should be washed with plain water, they should blow their nose and wash their mouth out with water.
- 6 Provide a blanket once decontamination is complete and awaiting the ambulance service.

Remember all efforts must be taken to prevent further contamination of others.

## **2. Business Continuity**

In this section, the plan will cover the areas where the practice potentially could be required to implement business continuity arrangements.

The Business Continuity Institute describes the five stages of business continuity management as: -

- Understanding your business,
- Business continuity strategies,
- Developing and implementing a BCM response,
- Developing a BCM culture and
- Exercising and maintenance and audit.

This same approach has been recommended in the Civil Contingencies Act guidance.

### **Priority order of services provided**

General Practice surgeries offer a wide range of services to their patients; table below is a list of the services that this surgery provides in order of priority.

In the event of an emergency or business interruption this practice will endeavour to maintain services to usual or as close to usual standard, but it may be evident that this is not possible, at this point the Partners/Practice Manager will decide which are the priority services that the practice must continue and which will be reduced or stopped.

Any decisions made to reduce or stop services must be communicated to the CCG.

#### ***Table***

Patient consultations
Home visits
Specialist Clinics

### **Loss of main surgery building**

If the practice building is uninhabitable for any reason the services will be provided in a suitable alternative venue.

The options open to the practice to consider are:

The Kings Centre  
St Paul's Church Hall  
Gosbury Hill  
Schools  
CCG  
Tolworth Hospital

In the short term patients are to be requested to telephone the surgery number 0208 739 1977 and to listen to the recorded message which will give up to date instructions. This number may, in due course, be transferred to the OOH service for permanent monitoring, at which time the OOH service will be fully informed of the situation in order to update patients. In the longer term patients will be requested to watch the practice website [ [www.chessingtonparksurgery.co.uk](http://www.chessingtonparksurgery.co.uk) ] which will be updated on a regular basis.

Immediate Action to be taken or considered:

- Evacuation of building if in working hours – staff to take personal belongings including house keys, mobile phones, the surgery mobile phones, essential records (see below) and contact information.
- Set the telephone system to an appropriate message
- Lock records cabinets. Remove keys from site.
- Staff to remove their cars from the car park.
- Patients to remove their cars from the car park.
- Close off the car park permanently by deploying the gates
- Staff to be instructed to access practice website on a regular basis for up to date information if sent home. Advise staff that the Cascade communication system may be initiated.
- Ring the police and fire service if appropriate (see contact list).
- Ring the gas board and the electricity board if appropriate (safety).
- Ring the CCG and speak to a senior staff member (see contact list).
- Ring Clinical Supplier (See contact list).
- Ring telephone service provider (See contact list). Ensure surgery number is still available with the suitably recorded message. Re-record special message if appropriate.
- Ring alarm company.
- Post signs on the doors if appropriate.
- Collect copies of Insurance Documents (See Contact List).
- Turn off the gas, electricity and water if possible. (Electrical shut-down will affect the telephones and alarms)
- Ensure building locked. Close security shutters if appropriate. Set alarms if electricity still available.
- Allocate a senior staff member to remain close to the site if appropriate to guide and deal with emergency vehicles. Provide with a mobile phone.
- Re-convene at remote “Emergency Control Centre” location (see below)
- Instruct the Royal Mail to hold all mail at the sorting office until this can be collected by a staff member.

A contact list is at the end of this document including our normal contractors.

### **Evacuation of Building and the Emergency Services.**

This is in accordance with published fire orders. A senior member of staff or partner will direct operations and the removal of equipment or records depending on the nature of the emergency. Staff will normally be instructed to return home and await further information. In the event of a bomb alert telephones and the fire bell will not be sounded and evacuation will be by word of mouth.

### **Establishing an Emergency Control Centre**

For purposes of an emergency meeting and planning the partners and the practice manager will convene at the home of Dr Prasun Kumar as soon as possible following the event. This will be the command centre until suitable alternative accommodation has been arranged. A laptop or other suitable computer, printer and a telephone(s) and fax machine will be available at that location. The address and telephone number is in the Contacts List below. Any outstanding action from the evacuation points above may be taken at this time.

### **Immediate Communication Issues**

Staff should not make comments to the media and all enquiries should be referred to the nominated partner or practice manager in the first instance, who may decide to issue a basic and standard statement to prevent misrepresentation of facts.

Once the Control Centre has been established the following should be advised of the emergency, if not previously informed:

The emergency services

The Out of Hours service

The PCO emergency planning officer

Staff not involved in the initial incident

All local surgeries

All local hospitals

All local pharmacies

Our insurers

And the phone number of the Control Centre should be given out to each.

### **Damage Assessment**

The partners and the practice manager will liaise with the emergency services to conduct an immediate assessment of the situation and determine the extent and likely duration of the emergency. A decision will then be taken as to the duration of the event and the emergency steps to be taken. Staff will then be advised using the cascade system (see below).

The Practice Manager will liaise with the practice insurers and other agencies to ensure that a swift and correct recovery is supported and achieved; including contact with the possible sources of alternative accommodation (see above)

### **Communication with Patients**

In the event of a major communication need liaise with the SWL and ask them to request the PCSS to write to all patients on the list, advising them of the nature of the incident and to watch the website for up to date information.





## **Failure of IT systems**

### **Recording data**

Short Term Loss (up to 24 hours)

For short-term loss reception will revert to a paper-based call system and a paper record of appointments will be maintained. Clinicians will revert to paper records, and will implement paper notes recording individual consultations. Information recorded in this way will later be entered onto the electronic record.

Loss of hardware is covered by the Practice insurance policy. Note that the CCG should be consulted about replacement. The Practice will need to contact the CCG ICT IT Manager to arrange replacements (see contact List). Replacement computers are held off-site and can be available within 2 hours.

### **Long Term Loss**

Chessington Park Surgery is a centrally hosted site- Contact INPS Vision (See Contact List).

### **Prescriptions**

If it is not possible to print or send prescriptions on-line these will need be hand written. In this event it may be necessary to obtain more prescription pads. These can be obtained from the PCSS, (see contact list)

### **Protection of servers**

The server is maintained in an air conditioned room at a temperature that will not cause overheating and subsequent failure.

### **Emergency Security of Non-Patient Procedural Records, Protocols, and Clinical Guidelines and Information.**

Where time allows the following documents should be removed off-site for possible use elsewhere:

- The external hard drive containing all Non-Clinical back ups (Computer Room Upstairs).
- Paper based medical records
- Letters and correspondence from today (these will not be included within the previous evening's backup)
- Printed patient lists for today's appointments and a full printed Vision summary of each (these will not be included within the previous evenings backup)
- Printed prescriptions and referral letters awaiting collection
- Blank prescription forms

Procedural records, protocols & Clinical guidelines are maintained on the 'O' Drive & in paper form file held in Practice Manager's office.

### **Loss of Medical Records**

The medical records are stored in the Flexiform medical records cabinets in the admin office and upstairs storage room. They are not protected from an extreme event, as they are not fire proof.

If they were to be damaged in any way, records could be constructed from data held on the computer system.

The stationery required to construct the medical records may be obtained from the PCSS who are also able to produce address labels with name, address DOB and NHS number for each patient. The PCSS are also able to supply a printout of all the patients registered to the Practice.

### **Essential Forms List**

In order to effectively recover total loss of facilities the following forms will need to be ordered. These can be borrowed on a temporary basis from nearby practices, or the practice has an Emergency Stationery Box containing the most commonly used forms including prescriptions, appointment cards and FP8s etc. If time allows these items should be removed from the premises in the event of an emergency.

FORM	DESCRIPTION	LOCATION
Prescription pads	For Each GP	Admin Filing Cabinet
Temporary Resident Forms		Admin Filing Cabinet
Current day's unscanned correspondence	All letters, test results,	Scanning desk, post desk
Prescriptions awaiting collection		Prescriptions box

### **Hardware and Software Specifications**

Full specifications of all IT equipment on the premises, including system details and installed software, is held by the CCG. Please see ASSETT REGISTER attached.

### **Essential Equipment**

Where time allows the following equipment should be removed off site for possible use elsewhere:

ITEM OF EQUIPMENT	LOCATION	NOTES
Emergency response kit including oxygen (be aware of gas safety issues, especially in the event of fire)	In Room 1	
Defibrillator	In Room 1	
Wheelchair	Under stairs cupboard (Hook Surgery)	
Doctor's bags	With Doctors	

Contents of the Drug Cupboard	Treatment room and GPs room in locked cupboards	
Vaccines from the refrigerators	Within vaccine fridges in nurses' treatment room1	
Nebulisers	In Room 1	
Laptop	With Partners	
Photocopier	Admin Room	

## **Failure of Telecommunications**

### **Short Term Loss**

Ring Premier Choice on 0

```
{"IsDistinguishedFolder":false,"FolderId":{"Id":"AAMkAGUwNDYxOTImLTg2YzAtNDBIOS05NjhhLWI5ODU3NTg0NDY2OAAuAAAAABIEwAAfCDyQrbNpCLf+SnRAQCdl2JdSKXD SKtS0XITtjb+AAABWJZsAAA=","ChangeKey":"AQAAABYAAACdl2JdSKXDSKtS0XITtjb+AAABWNdT"}}208 300 9495 for the fault to be investigated.
```

Ring the other local surgeries on a mobile and advise them that we have a fault and they may receive some of our calls. Use the mobile phone if extra outgoing lines are needed.

### **Long Term Loss**

Initially, ring the out of hours service (contact details at the end of this document) to accept our calls. The OOH service may be advised of the nature of the problem, provided with our mobile (or other contact) number, and advised that up to date information will be posted on our website for the information of patients. They must be kept advised of significant changes to our circumstances.

Ring Premier Choice and ask them to liaise with BT to have our numbers diverted to the OOH service (check that the OOH service switchboard is operational at this time of day), or to the mobile phones.

Premier Choice/BT maintain the telephone system under contract, and should be consulted immediately a problem arises and asked to attend if the property is still accessible. The system can be accessed remotely by computer link (if this is still available) and they can arrange remote reprogramming to divert to the OOH service. Lines are provided by BT.

Arrange, via the telephone system supplier, for BT to intercept the ex-directory number and have this diverted to the OOH service. Arrange also for the fax number to be temporarily suspended to prevent unactioned faxes from being received in the surgery premises.

A request may be made for phone lines to be provided into temporary accommodation and a transfer of all calls made to 07885 252277 to the doctors' mobile telephone until the telephone system is repaired or replaced. If the Emergency Control Centre is to operate this may be given as a contact number, but is not for patient use. Patient calls would normally be directed to the temporary accommodation which can be manned by reception staff.

The telephone system is dependent upon the electricity supply, however if power is lost for a long period telephone functionality on the premises will also be lost, and any long-standing changes will need to be effected at the Exchange.

If the power fails for any reason, there are “power fail” telephone sockets in the reception office and handsets to be used if the power does fail.

### **Failure of Electricity supply**

The electrical fuse box for this practice is located in the electrical switch room on the ground floor opposite the staff common room

In the event of failure in the electricity supply our supplier is British Gas (Business) and their emergency contact is 0800 783 8866

The emergency torches if required are stored in the under stairs cupboard nearest to the waiting room door in the consulting corridor of Chessington Park Surgery, in the Staff toilets, at the Reception area and in the Practice Manager’s Office.

In the event of a power failure first check the trip switches in the fuse box in the electrical switch room, if this is not the cause, contact the supplier and report the failure. Ask if they are able to give an estimated length of time the power will be off, for planning purposes. A decision should be made as to whether the surgery business can be continued safely, or if relocation to an alternative site will be required to maintain business.

Contact the CCG to inform them that you have a power failure affecting the practice and what business continuity measures you are putting in place to maintain service.

If the power is not going to be restored for some period of time, arrange to transfer vaccines from the cold stores to other local surgeries for storage.

If it is an electrical fault within the practice contact Glibbery Maintenance 01245 381717 or contact caretaker on 07586 046974

The systems and appliances that will be affected during a power failure are:

- Lighting
- IT System
- Telephones
- Heating
- Refrigerators
- Diagnostic equipment
- Alarm systems

The server has a short battery back up.  
The Fire alarm has an emergency back up.

Each of the above will require consideration; follow the section specific to the system.

**Clinical refrigerators** – Initially keep refrigerator doors closed to maintain temperatures. If failure is for a significant period, which will be detrimental to the contents, the contents will be assessed and any temperature critical drugs will be relocated to Orchard Practice,

Chessington 020 8397 9494 (if possible) and refrigerators in staff homes to maintain them at optimum temperature.

**Heating** - If heating is lost, assess the effect of the loss of heating related to time of year and general temperature, included forecast temperature. If it is felt that the practice's business will be affected by loss of heating contact Jacqui Fishwick on 01925 420669 [jacqui.fishwick@assura.co.uk](mailto:jacqui.fishwick@assura.co.uk)

who may be able to arrange for loan of emergency heating. NB if there is no electricity these will need to run off bottled gas. The practice also has some gas lights stored in the cupboard nearest the door into the waiting room

### **Computers**

During a mains electrical failure please switch off the computers to protect them from power surge when the power is restored. Both surgeries within the medical centre operate Emis. A reciprocal arrangement has been made that in the event of failure a computer will be made available within Hook Surgery for use by Chessington Park Surgery.

### **Diagnostic Equipment**

If such equipment does not have internal re-chargeable batteries consider the implications of not having it at your disposal. If equipment does have internal re-chargeable batteries, ensure you know the length of time the equipment can be used. See Table Below

**Table**

<b>Equipment</b>	<b>Internal Batteries Yes/No</b>	<b>If Yes duration/times it can be used</b>
<b>ECG machine</b>	<b>YES</b>	<b>AA</b>
<b>BP monitors</b>	<b>YES</b>	<b>AA</b>
<b>Ear cleaning machine</b>	<b>No</b>	<b>No</b>
<b>Audiology Machine</b>	<b>No</b>	<b>No</b>

### **Failure of Gas supply**

The gas shut off valve for the practice is located in the cupboard at the bottom of the stairs from the waiting room to the first floor

If there is a failure in the gas supply, contact Corona Energy emergency contact: 0800 111999. [gps@coronaenergy.co.uk](mailto:gps@coronaenergy.co.uk). to report the failure and to request if they are able to give an estimate of the length it will be off, for planning purposes.

The gas shut off will affect the non clinical areas of the building.

If heating is lost, assess the effect of the loss of heating related to time of year and general temperature, included forecast temperature. If it is felt that the practice's business will be affected by loss of heating contact Jacqui Fishwick of Assura.

NB if heating is off the hot water will not be heated and kettles may need to be used in the short term and in the longer term consideration should be given to hiring a water boiler

### **Failure of Water supply**

The mains water shut off within the practice is located in the gas meter cupboard at the bottom of the stairs to the first floor off the waiting room

The water supplier for this practice is Castle Water and their emergency contact is 01250 718700. The water rates are paid by the PCSS contact Adam Banks 0208 335 1329 [adam.banks@nhs.net](mailto:adam.banks@nhs.net) , who may be an alternative source of assistance.

For internal plumbing emergencies contact Glibbery Maintenance or Jacqui Fishwick or Assura.

In the event that water supply fails assess the impact on the practice. Consider:

- Toilets
- Hand Hygiene
- Drinking water

### **Toilets**

If toilets will be unavailable for a significant length of time arrange for portaloos to be hired from:

[www.Loos.co.uk](http://www.Loos.co.uk) - 0845 123 2901  
[Hydrocleansing Ltd](http://Hydrocleansing Ltd) - 020 8683 3339

### **Drinking Water**

A stock of bottled drinking water will need to be obtained.

### **Fuel Shortages**

In the event of a fuel shortage the ability to maintain services may be affected either by staff being unable to carry out services such as home visits, or being able to get to the surgery.

### **Disruption to supplies**

During a major emergency there may be interruptions in the supply of consumables and equipment required by the practice. This may be a primary cause of an incident, i.e. a supplier factory fire, or disruption to the transport network such as in a fuel crisis.

In such an event, the Practice Manager will be responsible for assessing the impact on the business of the practice.

If there is a need to obtain supplies from another source the options are:

- Mutual aid from another practice. E.G. Hook Surgery or Orchard Practice
- Contact another supplier.

### **Fire**

On discovering a fire or on suspicion of a fire i.e. smell of burning, raise the alarm by breaking the glass in any of the alarm points and call 999, clearly stating the full address of the premises.

In the event of the fire alarm sounding this will be a continuous bell. All staff have a responsibility to evacuate the premises ensuring that all patients and visitors are assisted via the identified fire exits (see table below). All persons will congregate at the fire evacuation assembly point at the rear of the car park where the Practice Manager will check that all persons have been evacuated.

If you suspect that there are persons still inside do not re-enter the premises.

On arrival of the Fire and Rescue Service Practice Manager will greet them and give the following information:-

- Location of fire or suspected fire.
- Persons suspected of still being inside, with possible location
- Location of any inflammable materials / oxygen cylinders
- Plan of interior of the premises if available.

The exits are located:

<b>Area of premises</b>	<b>Nearest identified Exit</b>
<b>Waiting room and room 1/2/treatment room</b>	<b>Front door or door at bottom of stairwell</b>
<b>Rooms 3/4/5/Nurse Practitioner room</b>	<b>Door at end of corridor</b>
<b>Reception – front</b>	<b>Front door</b>
<b>Reception back and admin room</b>	<b>Staff exit</b>
<b>Administration corridor</b>	<b>Staff exit</b>
<b>Upstairs corridor</b>	<b>Door at bottom of stairwell/front door/staff exit as appropriate</b>

### **Staff Shortage**

There may be occasions when individual staff are incapacitated for a variety of reasons. Their absence will have a varying effect depending on the role they are responsible for. In some cases roles can be covered by other staff by ensuring that knowledge and skills are shared between groups of staff. Other roles may be highly specialised and cover will need more thought and planning especially if a service depends on that person alone.

There may also be the scenario when a number of staff are all incapacitated at the same time such as in an influenza pandemic situation. The current estimates predict up to a 25% or more loss of staff at any one time.

On discovering there is going to be a shortage of staff inform the Practice Manager who will be responsible for assessing the impact on the business of the practice and the contingency to be employed to maintain continuity of service.

Options available:

- The absence of staff for a short period does not have a significant impact on the business of the practice – monitor the situation only.
- The absence of staff will have direct impact on the front line services/ business of the practice, - divert workload to or between other staff that are capable of covering.
- The impact of one or a number of staff being incapacitated is such that the practice is unable to continue services – Practice Manager and Partners will be responsible for assessing the capabilities of the practice and possibly which services will be reduced (see list of services in priority above) or through mutual aid arrangements be diverted to other practices. We have mutual aid arrangements with Hook Surgery

**If there is any reduction in patient services, Practice Manager will contact the CCG to inform them as soon as possible.**

### **Mutual Aid Arrangements with other Practices**

Contact Hook Surgery or Orchard Surgery

#### **Arrangements for Replacement Medical Staff**

If for any reason the GP(s) is unable to provide medical services due to incapacity or death, the PCO should be informed as soon as possible.

Absences are dealt with under the terms of the Partnership Agreement. If a partner is incapacitated through ill health from providing medical services to the patients, the remaining partners will cover for a period of weeks to be agreed, after which time the partners will make a decision whether to employ a locum. Short-term cover is provided internally by the partners

A list of current locum doctors with full GMC / Defence / PCO certification is situated on the P drive and backed up in the Locum Folder(situated in the Admin Office).

In the event of the death of one of the partners, the CCG should be informed as a matter of urgency.

A printout of the patients registered to that partner should be produced from the computer system, and arrangements made with the CCG for the remaining partners to provide medical services to those patients, if they so agree.

No prescriptions should be printed or written on prescription pads/ Computer code for that GP. Any prescription pads, Med3s etc. in that partners name should be kept in a secure place until arrangements can be made to destroy them.

Arrangements must also be made to suspend the prescribing details of that partner on the computer and then they should be deleted.

#### **Arrangements for Replacement Nursing Staff**

Contact regular Locum Agency – list of names and contacts

Med-Team Locums – 01792 298300

Mobile 07757 893755

Fax 01792 298260

Email – Allsion@medteam.co.uk

#### **Loss of Burglar Alarm**

This is covered by a service contract with A and M security and can be telephoned on the emergency number for a 2 hour response (see contact list)

#### **Loss of Fire Alarm**

A service agreement exists with ADT who can be telephoned on the emergency number for a 2 hour response (see contact list). Where the alarm cannot be repaired within a 2 hour period the building is to be closed. Consider the actions detailed in Section 2.1 above.

#### **Supplier Failure**

Alternative suppliers are detailed on the contact list. Where a single supplier exists (e.g. Yellow Fever Vaccines) and the supplier is unable to deliver required supplies as expected then patients may be directed to other stockholders in the area.

#### **Flood/loss of water supply**



Depending on the extent of the flood it may be necessary to implement the arrangements detailed under Section 2.1 above.

### **Internal Flood**

In the event of an internal flood (burst pipe) turn off the water supply situated in the gas meter cupboard at the bottom of the stairs to first floor from waiting room. The effected section of the building will be closed and essential surgeries will be held in the available rooms. The following activities will be cancelled if needed:

### **Additional services**

CMHT/psychologists/Diabetic Retinal Screening/hearing aid drop in/carers meetings/Stress counselling course/ trainee counsellor sessions (arrangements to be made elsewhere)

Minor surgery

Asthma / CHD / other chronic disease routine clinics

Midwife clinics (arrangements to be made elsewhere)

Exercise referral appointments and Smoking Cessation counselling.

Internal Training Courses and presentations

While the water supply is off, water should be conserved. Toilet flushing should be reduced. Anti-bacterial soap (which cleans hands without the need for water) should be placed beside all washbasins. Bottled water should be available for drinking. Contact our insurers (see contact list).

### **External Flood**

In the event of an external flood (river etc) the building will normally be part of a wider externally flooded area and will be closed. The procedures above relating to Loss of Building should be followed (Section 2.1 above), and in addition it will be necessary to liaise with the Environment Agency to ensure that the building is hygienically clean (overflow of drains and sewer system) prior to the building being re-opened.

### **Epidemic / Pandemic**

In the event of an official alert the Practice Manager will liaise with the Emergency Planning Officer at the PCO to ensure that the practice conforms and co-operates with the joint efforts being made across the region to respond to the emergency. The practice manager or a nominated person will secure immediate delivery of extra clinical supplies to include masks, gloves, and gowns as appropriate.

The senior partner will liaise with Public Health to ensure a co-ordinated clinical response to the emergency and to initiate or confirm the arrangements by which patients will be informed, either directly from the Practice or via a central mailing.

The partners will consider short-term measures to ensure that as far as possible the risk of cross-infection is contained locally, and this may include a general communication to patients who suspect that they may be infected to stay at home and request a home visit, rather than attend a surgery. Notices may be placed on the surgery doors to this effect.

The partners will consider the risk to front-line staff and may instruct the issue and wearing of protective clothes and masks. Open surgeries may be suspended and appointment surgeries may be staggered, with lengthened appointment slots to reduce the incidence of patients sitting in the waiting areas together. An isolation room will be nominated, where symptomatic patients can wait – this will be subject to special cleaning / infection control arrangements.

Consideration will be given, in liaison with the CCG Emergency Planning Officer, to the setting up of special reception centres remote from GP surgeries to deal exclusively with patients reporting symptoms.

Subject to the above, the following specific actions will be taken:

- The practice will suspend routine appointments, clinics, and peripheral activities and plan activities such that they may still be maintained with 25% of both administration and clinical staff absent through illness (25% is the expected impact during a pandemic)
- The Practice will approach other practices in the area with a view to merging operations for the duration in order to share the remaining available staff and clinicians and resources to deal with the situation. Where this occurs one of the practice premises may become dedicated to the Pandemic symptomatic patients.
- A separate waiting area will be allocated to symptomatic patients. This will be the interview room
- All door handles (which are a one of the most common sources of contamination) are to be disinfected hourly. A water spray with a cleaning agent added will be provided in each room.
- Patient information will be provided constantly in the waiting room displays and on the front door.
- All patients ringing the surgery to arrange to be seen will be asked if they have flu-like symptoms. Patients will be directed according to protocols established via the PCO
- Patients with symptoms will be advised that a friend or relation should collect the prescription.
- Doctors visiting symptomatic patients will adopt disposable respiratory protection.

### **Communicating with the Patients**

**In the event that a business interruption is so severe that alternative arrangements for the provision of care need to be communicated to the patients of the practice, this will be done in collaboration with the CCG/PCSS.**

In the event that support from the PCSS is required in publicising the alternative arrangements Practice manager will contact the CCG/PCSS at the earliest possible moment to allow as much time as possible to achieve communication with patients.

Where patients knowing contingency plans in advance would help to mitigate the effects of business interruption, arrangements within this plan will be shared with them in patient information regarding the practice.

It is important to maintain communication with clients during any period of business interruption; the aim of the practice will be to reassure the clients with regular information on the progress made in returning to normality.

**Contact Lists**  
**See below**

## SUPPLIER CONTACT LIST

Clinical System	Emis	03300 241270
Computer Hardware	CCG Ed Montgomery/ ITService desk	0208 339 8175
Telephony Hardware	VTSL	020 7078 3200
Telephony Software	As above	As above
Local Pharmacy	Cohens	020 8397 1212
Local Pharmacy	Ace or Alliance Boots	020 8397 4564 020 8397 3793
Insurance Broker Buildings Insurance  Contents Insurance Computer Insurance Public Liability  Legal cover Insurance	Contact Assura – Anthoy Payg  MIAB MIAB MIAB  MIAB Policy no:L13AEL0151 Membership Number: 49257	01925 945342 Mob 07970 722325
Electricity Company	British Gas Business Account no: A3957335 emergency account manager	0800 783 8866 0845 0722565
Gas Supply	Corona Energy Customer no: 006258_290 Contract ID: 40411846 Emergency number account manager e-mail	0800 804 8589  gps@coronaenergy.co.uk
Fire Alarm Company	ADT	01923 743166
Burglar Alarm Company	A and M security	01273 740 400
Emergency Lights Company	Glibbery Maitenance	01245 381717
CCTV Company	DSI	020 8393 1441
Gas service contractor	Corona Energy	0800 804 8589
Water supplier (Mains)	Castle Water	01250 718700
All medical and cleaning paper supplies	Medical Supermarket	<a href="http://www.medical-supermarket.com">www.medical-supermarket.com</a>  <b>User name:</b> <b>janehutchings@nhs.net</b> <b>Password:</b> <b>surgery</b> 01628 405 488

	Miller Rainbow Supplies Williams	01685 844739 0870 410 0908 01685 844724
Healthcare disposables Vaccine and injectables	Medical World Williams GSK Masta Durbin Williams	0221 580 6600 01685 844739 0208 047 5000 0113 238 7500 07736 056679 01685 844724
General clinical supplies	Miller	01685 844739
Clinical equipment	Miller Medical world	01685 844739 01685 844739
Vaccines : amberix, Engerix,hepatyrix, havrix,twinrix typerix	GSK	0208 047 5000
Vaccines ( flu)	Solvay Masta Crucell Pfizer	02380467000 07736 056679 0844 8003907 0800 089 4033
Stationery and Office supplies, Furniture	Office Depot Medical Supermarket	08444 123140 01628 405 488 ( see above for clinical supplies)
Builder	Assura – Anthony Payg	01925 945342 Mob 07970 722325
Roofer	Assura	01925 420669
Joiner	Pete Totman	07958 621339
Plumber	Cromwell Heating	07932 224335
Electrician	Glibbery	01245 381717
Signage Contractor	Bryan Mills signartists	020 8397 4973
Port cabin	Guildford Hire	01483 548423
Water Supplier (Bottled)	Lidl	
Oxygen / Gases	SOS Speciality Oxygen Service	0800 169 3998 07834 923558
Clinical Waste Contractor	SCRL premises code EXESRC Essentia	0845 389 3967 020 7188 8188
Trade Waste	SUEZ	0800 093 1103

**KEY COMPUTER SAVED FILES AND THEIR LOCATIONS**

<b>OWNER</b>	<b>ORIGINAL LOCATION</b>	<b>BACKUP LOCATION</b>	<b>CONTENTS OF FILE</b>
Practice Manager	G Drive Y drive	G Drive on server Y drive on server	Payroll backups. Staff personnel records. Accounts backup All other management non-clinical files
Secretaries	P drive /patient records	P drive on server	All clinical letters and GP dictation letters not appended to clinical system records

## **CCG AND HEALTH SERVICE CONTACT LIST**

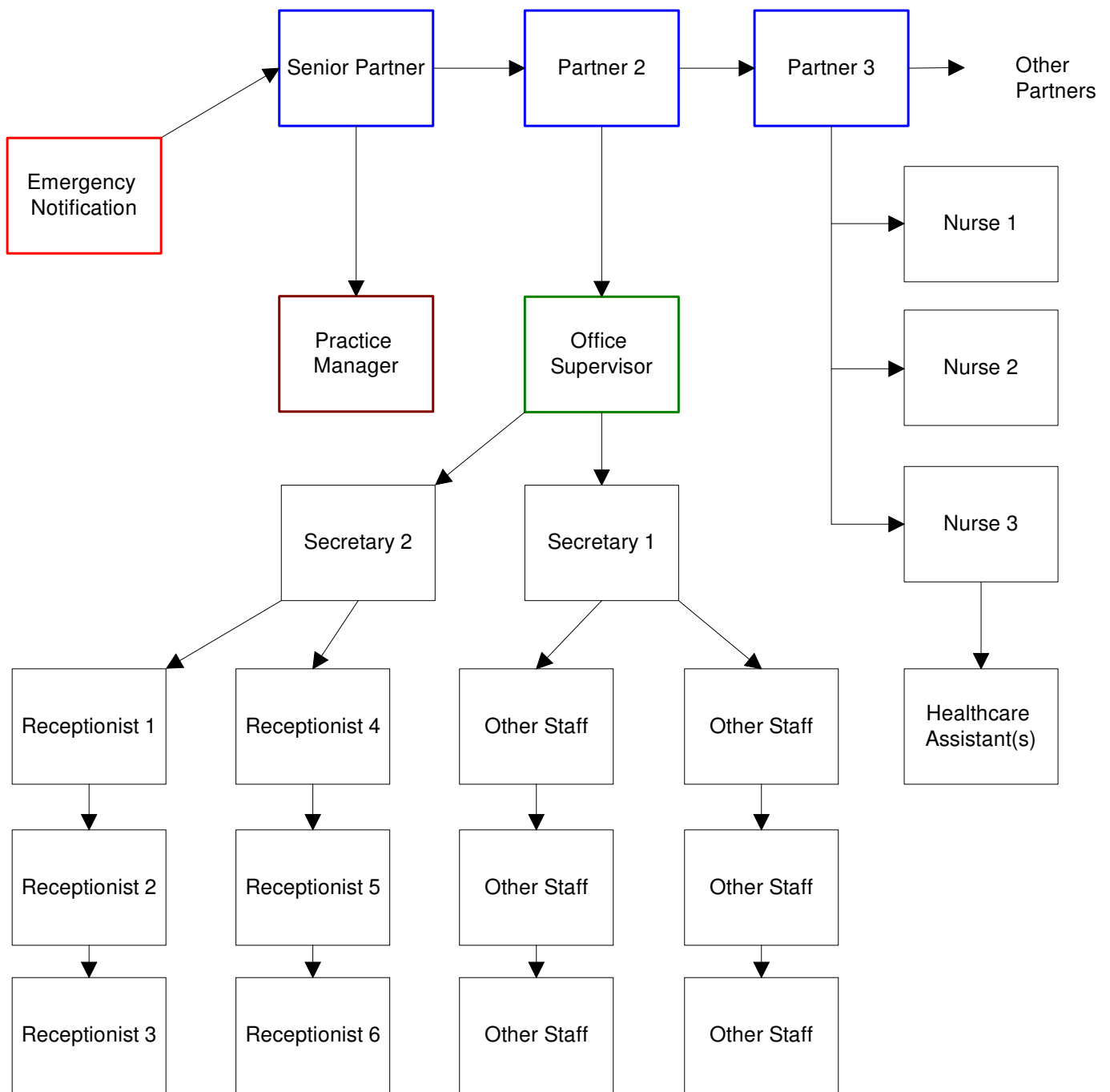
SWL CCG	swlhcp.swlprimarycare@nhs.net
SWLondon	omid.gilanshah@swlondon.nhs.uk
Pharmacy Advisor CCG	Naha Sharma 0204 5262717
IT Manager CCG	Sam Ball 020 3922 2565
Director of Public Health	Iona Lidington iona.lidington@kingston.gov.uk
PCSS clinical waste contractor	SRCL 0845 124 2020 Adam Banks at PCSS 8 335 1529
SWLondon CCG Primary Care team	William Cunningham Davis
Kingston Hospital Switchboard	020 8546 7711
Local Practices (1) Hook	0208 397 6361
Local Practices (2)Orchard	020 8397 9494
LMC	01306 876619
GMC	0161 923 6602
Locums	
<b>Medteam Locums</b>	01792 298300
MPS	<a href="mailto:member.help@medicalprotection.org">member.help@medicalprotection.org</a> 0800 561 9000

## **OTHER CONTACTS**

Local Council	[020 8547 5757 – Kingston Guildhall]
Local Planning Authority	[020 8547 5757]
Local Police Chessington Safer Neighbourhood Team	020 8721 2001
Kingston Police Station	0300 123 1212
Royal Mail Sorting Office (local number)	0208 397 1805
Local Nursing / Care Home	0208 547 6259 - Amywoodgate
Security Guard Provider	Alliance security 01372 362213/386178

## **Communication flow diagram**

In the event of the Cascade method of communication being activated the following information flow will apply. The Senior Partner is to receive first notification. The arrows indicate responsibility for communicating through the hierarchy.



## References

- 1 Royal College of General Practitioners (2004) *Major Incidents and Disasters – the role of the GP and Primary care team*. RCGP  
<http://www.rcgp.org.uk/corporate/position/majorincidents.pdf>
- 2 HM Government (2005) *Emergency Preparedness – guidance on Part 1 of the Civil Contingencies act 2004 its associated regulations and non-statutory arrangements*.  
<http://www.ukresilience.info/ccbill/index.htm>

- 3 Department of Health (2003) *Handling Major Incidents: An Operational Doctrine*. DOH.  
<http://www.dh.gov.uk/PolicyAndGuidance/EmergencyPlanning/fs/en>
- 4 Department of Health *Planning for Major Incidents: the NHS guidance – Primary care Trusts*, Version 10-24 September 2002.  
<http://www.dh.gov.uk/PolicyAndGuidance/EmergencyPlanning/fs/en>
- 5 Business Continuity Institute (2005) *Business Continuity management, Good Practice Guidelines*.  
<http://www.thebci.org/BCIGPG2005.htm>
- 6 Health Protection Agency (2004)
- 7 Joint Services CBRN protocol, a Surrey Local Resilience Forum document (available EEMS PCT intranet)