

PHARMACIST NADEX LISTING FORM & ACCEPTABLE USE STATEMENT Version 5 September 2018

**NHS PHARMACEUTICAL SERVICES REQUEST TO ACCESS THE
CHOOSE PHARMACY APPLICATION**

Pharmacist application form which is to be submitted to the NHS Shared Services Partnership (NWSSP) by a registered pharmacist requesting approval to access the Choose Pharmacy application.

TO BE COMPLETED BY OR ON BEHALF OF THE PHARMACIST

LHB area in which the pharmacist predominantly intends to provide the service (tick only one):

- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf Morgannwg University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board
- Swansea Bay University Health Board

Full Name:			
Home Address:			
Postcode:		Telephone number:	
D.O.B		GPhC number:	
Gender			

Personal E-mail address:	
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(For the issuing of confirmation of approval by the NWSSP to provide the service)

Pharmacy Name & Address*	
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*(*this should be the pharmacy in which you initially intend to provide services via Choose Pharmacy)*

Acceptable Use Statement

Access to the Choose Pharmacy application is strictly limited and available to only those community pharmacists who have read and signed this **Acceptable Use Statement**. You agree by accessing the Choose Pharmacy application that both the community pharmacy and you are authorised and accredited to provide the relevant services to NHS Wales' patients who wish to be treated under the terms of the services.

Access or attempted access by unauthorised users is strictly prohibited. Unauthorised access is unlawful under UK law and is considered an offence under the Data Protection Act 1998 and Computer Misuse 1990 and General Data Protection Regulations 2018. Unauthorised access attempts to the Choose Pharmacy application will be investigated and the perpetrators may be subject to disciplinary or legal action.

The NHS Wales Informatics Service (NWIS) reserves the right to restrict or deny access to all or some parts of the Choose Pharmacy application, if in our opinion, you have failed to comply with this Acceptable Use Statement or in the event of suspected misuse of any of the Welsh Demographic Service (WDS), Welsh GP Record (WGPR) or any other NHS patient record system within the application.

Before community pharmacists are given access to the Choose Pharmacy application you must have completed the HEIW All Wales accreditation procedure for accessing Choose Pharmacy, (Choose Pharmacy e-learning, Level 2 Child Protection training) and signed this Acceptable Use Statement. From 1st April 2019 this will require all users to have completed the HEIW New Enhanced Services Accreditation (NESA) process.

Community pharmacists should be aware that all attempts made to access patient records within the Choose Pharmacy application will be logged and, if required, they must be prepared to justify any challenges made by the NHS Wales Informatics Service or other relevant NHS statutory bodies regarding the appropriateness of their access.

Community pharmacists are responsible for using the Choose Pharmacy application only in accordance with the Acceptable Use Statement, specifically:

- (a) Accessing patient information only where they can justify this as necessary to undertake their role in providing the relevant NHS service;
- (b) Not allowing others to access patient information using their log in details;
- (c) Respecting the confidentiality of patient information in accordance with their professional code of conduct and the signed Confidentiality Agreement;
- (d) Complying with the community pharmacy organisation's information security and data protection policies and information governance best practice documents (or equivalent).

Choose Pharmacy Application - Acceptable Use Statement

- Community pharmacists must undertake any NHS Wales agreed training before using the Choose Pharmacy application, the Welsh Demographic Service (WDS), Welsh GP Record (WGPR) or any other patient records system within the application.
- Community pharmacists must agree to comply with their organisation's information security and data protection policies and information governance best practice documents (or equivalent).
- Access to patient identifiable information is on a strictly need-to-know basis. Community pharmacists can only access information about patients where they can justify a need for the purpose of treatment, care or administration of that patient, in accordance with their Information Governance procedures.
- Duty of Confidentiality. In accordance with contractual and professional codes of conduct, community pharmacists acknowledge their professional responsibility to maintain the confidentiality of information to which they have access.

- Once logged-in with their unique credentials, community pharmacists must never allow others to access the Choose Pharmacy application, Welsh Demographic Service (WDS), Welsh GP Record (WGPR) or any other patient records system within the application through their account.
- On no account should passwords be shared; this is a breach of the Community Pharmacy Information Security Policy. If you allow your log in credentials to be used by someone else and patient identifiable information is inappropriately accessed, you will be held liable.
- Access to, and use of the Choose Pharmacy application, Welsh Demographic Service (WDS), Welsh GP Record (WGPR) or any other patient records system within the application will be monitored via the National Intelligent Integrated Audit Solution (NIAS). Audit trails will be kept and any suspected abuse will be traced and reported for investigation.
- Unauthorised access to patient identifiable information. Community pharmacists should be aware that unauthorised access is an offence under the law and may lead to disciplinary action, including prosecution. All unauthorised access will be reported to both the General Pharmaceutical Council and your Health Board.
- Access to the Choose Pharmacy application, the Welsh Demographic Service (WDS), Welsh GP Record (WGPR) or any other patient record system within the application must only take place inside a secure consultation room.

I have read and understand this acceptable use statement and agree to access the Choose Pharmacy application in accordance with the principles outlined above. I understand that access to the Choose Pharmacy application and the patient record systems accessible within it are monitored by NHS Wales and that any potential breach of access rights will be investigated.

Signed: _____

Print Name: _____

Date: _____

Please enclose the following documents

One of the following:

- Choose Pharmacy Information Governance e-learning certificate (HEIW) OR
- NESAs Certificate – Generic Skills

AND

- Child Protection Level 2 certificate (HEIW or equivalent) if not previously submitted to SSP

Submit these forms to:

Post: Contractor Services, NWSSP – PCS, Floor 3, Matrix House, Northern Boulevard,
Matrix Park, Swansea Enterprise Park, Swansea SA6 8BX

Email: nwssp-primarycareservices@wales.nhs.uk

For NWSSP office use only:

Application checked by: _____ Date: _____

Approved: Yes No AWPD updated: _____

Choose Pharmacy email request emailed to PCSD: _____

Request to PCSD to create a Choose Pharmacy account:

1. Request a webmail account for pharmacist
2. Advise NWSSP of account details

Display Name:	
NHS Windows Login (NADEX):	
NHS email address:	
Proxy account:	
Password:	
Incident Number:	

For NWSSP office use only:

Choose Pharmacy email account details received from PCSD: _____

Approval letter/email issued: _____