**New Start Community Pharmacy Checklist**

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| **NHS Forth Valley Checklist** | **Completed** | **Date**  |
| NHS email address |  |  |
| PCR access |  |  |
| ECS access |  |  |
| Locally negotiated services |  |  |
| National services (unscheduled care, EHC and bridging contraception, UTI, Impetigo, shingles and skin infections PGDs) |  |  |
| VMT Turas (if applicable) |  |  |

**NHS Email**

For creation of new email accounts the below application form must be completed and sent to fv.cpemailrequests@nhs.scot.

[NHS email application form](https://pharmacies.nhsforthvalley.com/wp-content/uploads/sites/6/2022/09/O365_user_details_CP.doc) or a copy can be found in Appendix 1

For staff moving between health boards, Outlook accounts will be transferred to the relevant Health Board and Shared Mailbox access will be removed. eHealth Trainer/Facilitators for both
Health Boards should be notified. (Victoria Young in FV)

In the event of staff changes, fv.cpemailrequests@nhs.scot should be notified.

**PCR Access**

Please complete the below application form and send this to victoria.young@nhs.scot.

[PCR user account application form](https://pharmacies.nhsforthvalley.com/wp-content/uploads/sites/6/2022/09/PCR-User-Account-Application-Form-1.docx) or a copy can be found in Appendix1

**ECS Access**

**submit an application for an ECS account by e-mailing****FV.ecscommunitypharmacy@nhs.scot****with the following information:**

* Name
* GPhC Registration Number
* NHSmail Address (this must be a personal NHSmail account and not a shared mailbox address)
* Pharmacy Name
* Pharmacy Contractor Code
* Information Commissioner’s Office (ICO) Registration Number

**Locally Negotiated Services**

NHS Forth Valley offer a range of other services which can be found on the Community Pharmacy website below

[Community Pharmacy – Locally Negotiated Services (nhsforthvalley.com)](https://pharmacies.nhsforthvalley.com/services/locally-negotiated-services/)

All associated contracts should be completed and returned to Carol Droubay by email

**Phone:** 01786 457231
**Email:** carol.droubay@nhs.scot

**National Services**

The national service PGDs are as follows:

**Unscheduled care**

**Pharmacy first**

 UTI- Trimethoprim and Nitrofurantoin

 Shingles- Aciclovir

 Impetigo- Fusidic Acid

 Skin Infections- flucloxacillin

**EHC and bridging contraception**

Levonorgestrel 1500mg

 Bridging Contraception- desogestrel

They can be accessed through the community pharmacy website on the link below

[Community Pharmacy – Core Services (nhsforthvalley.com)](https://pharmacies.nhsforthvalley.com/services/core-services/)

The completed PGDs need to be returned to the Community Pharmacy Development team

**Email:** fv.communitypharmacysupport@nhs.scot

**Vaccine Management Tool within TURAS**

If you are going to be delivering a vaccine service you will need access to VMT management tool within Turas. Please contact victoria.young@nhs.scot to request access/training for the recording of vaccines within Turas

Office 365 User Details Collection Sheet

COMMUNITY PHARMACY PRACTICES

Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Four Digit Contractor Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Generic email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is access to shared email address required?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| **Title** | **First Name** | **Surname** |  | **Job Title** | **Phone** |
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Please return to: **fv.cpemailrequests@nhs.scot**

**PCR User Account Application Form**

|  |  |
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|  |  |
| **Contractor Code of pharmacy where you most often work:** |  |
| **Date:** |  |

|  |  |
| --- | --- |
| **Pharmacist GPhC Registration Number (will be PCR user ID):**  | \* |
| **Technician GPhC Registration Number (will be PCR user ID):** | \* |
| **Given Name (First name):** | \* |
| **Family Name (Surname):** | \* |
| **Email address:**  | \* |
| **Contact Telephone No:** | \* |

*\* Mandatory field*

The ePharmacy Helpdesk will contact you with password information; please indicate if you work weekdays or only on weekends:

Weekday worker [ ]

**OR**

Weekend only worker [ ]

**Please e-mail completed form to: *victoria.young@nhs.scot***