

Pharmacy Network Access Request

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Section 1 of this form should be used by pharmacy practices to request new application accounts for staff members . It is the practices' responsibility to ensure that the appropriate accounts and levels of access are requested and also rescinded whenever the access is no longer required by completing section 2.

PART A – Authoriser / Requestor Details			
Pharmacy Sponsor		Contractor Number	
Contractor Address			

**(Please supply at least 2 out of the 3 phone numbers below)*

Direct Phone Number		Main Site Phone Number	
Mobile Phone Number		Preferred Time to Contact <i>(Within business hours)</i>	

Please return all completed forms to your Practice Support Manager at your Local HSCB Office

Local HSCB Offices

Belfast Office	South Eastern Office	Northern Office	Southern Office	Western Office
HSCB Headquarters 12-22 Linenhall St Belfast BT2 8BS	HSCB Headquarters 12-22 Linenhall St Belfast BT2 8BS	County Hall 182 Galgorm Rd Ballymena BT42 1QE.	Tower Hill Armagh BT61 9DR.	Gransha Park HSE 15 Gransha Park Clooney Road Derry BT47 6FN.

Section 1 – New Start and New Application Accounts

PART B – Staff Member Details			
New Member of Staff <input type="checkbox"/>		Existing Staff (Additional Access) <input type="checkbox"/>	
		Existing HSCNI ID <i>(If known (e.g.: jbond007))</i>	
Name <i>(Please Print)</i>			
Job Title			
National Insurance Number			
Date Effective / Start Date			

PART C – Access Required (Please Tick)			
Email Account <i>(Inc. HSCNI AD account)</i> <input type="checkbox"/>	NIECR Account <input type="checkbox"/>	FPPS Account <input type="checkbox"/> <i>(Inc. HSCNI AD account)</i>	
		<input type="checkbox"/> FPPS Access Level 1 <input type="checkbox"/> FPPS Access Level 2 <input type="checkbox"/> FPPS Corporate Access	
<i>(See Appendix 1 for access levels)</i>			
If requesting FPPS Corporate Access, please list contractor numbers below for all sites to which access is required:			

PART D – ICT Approval for licensing			
Name <i>(Please Print)</i>		Extension Number	
Job Title		Date	
Telephone Number		Approved	<input type="checkbox"/>

Please Note

Some of the systems above may require additional information before access is provided.

Users will be contacted if this is the case.

New accounts will require a MINIMUM of 7 working days to be created.

Incomplete forms will be returned

Section 2 – Leavers and Application Account Closure

PART E – Staff Member Details	
Name <i>(Please Print)</i>	
Date for Account(s) to be closed	

PART F – Access to be Removed (Please Tick)	
Email Account <input type="checkbox"/> <i>(Inc. HSCNI AD account)</i>	Email Address: _____
FPPS Account <input type="checkbox"/> <i>(Inc. HSCNI AD account)</i>	FPPS Account Login ID: <i>(e.g.: jbond007)</i> _____
NIECR Account <input type="checkbox"/>	NIECR Account Login ID: <i>(e.g.: jbond007)</i> _____

Please Note

Access to the above applications will be rescinded for the staff member only for the areas relating to the practice making the request.

If the staff member is employed by multiple practices, they will still have access to the other practice's areas of the applications.

Incomplete forms will be returned

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Appendix 1

Description of User Access Levels for FPPS Pharmacy Payment Portal, Sponsor Responsibilities and Access Terms and Conditions

Access Request Terms & Conditions

- The HSCNI Active Directory (AD) is a core system which records and maintains individual HSC consolidated server IDs. In order to access any HSC system each individual must be entered in the AD. The AD Policy requires a unique identifier for each person within it and this unique identifier is the individual's National Insurance Number (NINO). This process ensures that users can only ever be given one entry in the AD.
- The NINO is passed through a one-way encryption algorithm and it is the encrypted output only that is held. The output cannot be decrypted. All records of the NINO are then securely deleted. This process has been approved by the Department of Works and Pensions and meets with the Data Protection Standards required by ISO 20000 accreditation.
- In order to facilitate the provision of log in credentials for community pharmacists and their staff each business must identify a sponsor. Your role as the sponsor is to identify the staff within your pharmacy/pharmacies (excluding locum staff that work at multiple pharmacies) that require access to the relevant systems, and the level of access each individual requires (where appropriate), and then manage this access on an ongoing basis
- As the sponsor, you agree to perform all necessary checks to confirm the identity of each named individual. You confirm that they have a valid entitlement to access the HSC systems requested and that they have read and agreed to the [NIECR terms of use](#) (where access to that application has been requested). NIECR terms of use – appendix 2
- As the sponsor, you agree that all information recorded above is accurate and when amendments are to be made (staff leaving pharmacy) you will contact the BSO within the agreed timeframe.

The permissions matrix below shows the functions and abilities available per level of access assigned:

	Level 1	Level 2	Corporate
Choose a Contractor to log on as			X
Log on as Contractor	X	X	
View Portal Landing Page	X	X	X
View Notifications	X	X	X
View Payment History		X	X
View Active Schemes	X	X	X
Submit HS30s	X	X	X
Submit Registrations	X	X	X
Submit Claims	X	X	X
Search Forms	X	X	X

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Appendix 2

NIECR Terms of Use

- I must not share my username and password details with anyone.
- I must log out when I have finished using NIECR, and lock my computer when I need to physically leave my screen.
- I must only view records of patients or service users where:
 - I am part of the team providing care to that patient or service user, and
 - I need to view the NIECR record to assist with providing that care to the
 - patient or service user.
- Audit logs are kept of all activity within NIECR and are regularly reviewed. If requested, I must provide information and assistance with any investigations into the use of NIECR.
- If a patient or service user has not already consented to their record being viewed by the team providing their care, I am required to ask the patient if they are content for their clinical information to be viewed through NIECR and respect their right to withhold access to their NIECR record should this not be the case.
- If I have NIECR permissions to access a patient or service user's record prior to permission to view being gained (e.g. I need to review referrals, patient is unconscious or distressed, medical emergency), I will make sure that they are made aware of the use of their information in NIECR at the earliest appropriate opportunity.
- Consent decisions are recorded in NIECR but should be noted in the local record in exceptional circumstances e.g. if there has been any issue with that patient/service user's consent, or consent to view has been withheld.
- Patient searches are only to be used when I have a valid reason for looking for that patient's record i.e. if I am part of the team providing direct care to that person. Valid reasons for searching without using HCN or Casenote numbers must be entered in the text box provided, and may be followed up as part of 'spot checking' on legitimate use of the search facility.
- I will use the 'feedback' button to pass queries, comments, compliments and complaints to the NIECR team.
- I will contribute to project and system evaluation through responding to user surveys and providing ad hoc feedback on my experiences of using the ECR.
- These user responsibilities are in addition to complying with my contractual obligations with my employing organisation, professional codes of conduct and the DHSSPS Code of Practice on Protecting the Confidentiality of Service User Information.