



## Copy of SCR in Community Pharmacy - Acceptable Use Agreement

### Overview

Completion of the agreement confirms the pharmacy contractor and relevant members of their team at the pharmacy (site) have undertaken the actions required prior to accessing SCR (detailed below) and agree to comply with the ongoing requirements (detailed below) for access to the SCR application.

**Closes 30 Sep 2017**  
Opened 28 Nov 2016

**Contact**  
SCR programme  
[scrpharmacy@nhs.net](mailto:scrpharmacy@nhs.net)

[Complete the form >](#)



## Copy of SCR in Community Pharmacy - Acceptable Use Agreement

Page 1 of 3

Closes 30 Sep 2017

This service needs cookies enabled.

### Completion of the form

Completion of the agreement confirms the pharmacy contractor and relevant members of their team at the pharmacy (site) have undertaken the actions required prior to accessing SCR (detailed below) and agree to comply with the ongoing requirements (detailed below) for access to the SCR application.

Each requirement must be completed and submitted via this form. A record of completion will be held by NHS Digital.

If you have any questions about SCR access or this usage agreement please contact the SCR programme at [scrpharmacy@nhs.net](mailto:scrpharmacy@nhs.net)

Category/ requirement	Item	Detail
SCR-01	SCR Record awareness AND training	1. The site will ensure the SCR E-learning module and ASSESSMENT has been completed by any user prior to them accessing SCR.
SCR-02	Information and Clinical Governance	<ol style="list-style-type: none"> <li>1. SCR must only be used for providing direct clinical care. Access in any other scenario would be in breach of the Data Protection Act and pharmacy professional codes, which could result in the application of any associated penalties.</li> <li>2. Appropriate governance procedures must be in place to assure appropriate access to SCR.</li> <li>3. The site must determine and document its approach for ensuring SCR is accessed appropriately, e.g. updating the Information Governance policy or Standard Operating Procedures.</li> <li>4. The site must nominate a minimum of one individual who will have access to the "Alert Viewer" system to support this governance requirement (a minimum of two individuals is recommended, to provide adequate cover in the case of sick-leave etc.) Note: this person is often referred to as the SCR Governance Person.</li> </ol>

SCR-03	Business Change	<ol style="list-style-type: none"> <li>1. The decision on whether to access SCR must be made on a case by case basis, based on the patient's needs at that time, with the pharmacist or pharmacy technician applying their clinical judgement.</li> <li>2. The site must have a Standard Operating Procedure (SOP) to cover access to SCR.</li> <li>3. As part of regular SOP reviews, existing SOPs for clinical services will be updated to take account of access to SCR.</li> <li>4. Induction procedures for new members of staff will cover SCR access and include appropriate training.</li> </ol>
SCR-04	Technical baselines	1. Computers used for accessing SCR should meet the required specification detailed in the <a href="#">NHS Digital Warranted Environment Specification (WES)</a> prior to requesting access to SCR.

SCR-05	Patient/Subject Access Requests	1. The pharmacy contractor and site must be capable of responding appropriately and correctly to any Subject Access Requests or requests associated with the NHS Care Record Guarantee relating to SCR access.
--------	---------------------------------	--

**Organisation/ Site**

The name and address of the deploying pharmacy site (Required)

**Organisation/ Site postcode**

(Required)

**ODS code (F\*\*\*\*)**

This field only requires 5 characters

(Required)

**Site contact**

These should be the key contact details in case of an enquiry about the contents of this agreement

**Name** (Required)

**Telephone number** (Required)

**Email address** (Required)

**In line with requirement SCR-02 above, names of the nominated SCR Governance Persons affiliated to the Organisation/Site**

**SCR Governance Person 1**

Name (Required)

Telephone number (Required)

Email address (Required)

**SCR Governance Person 2**

Name

Telephone number

Email address

### Information Governance/Superintendent Pharmacist contact

*(If different to the contacts above)*

Name

Telephone number

Email address

### Date of form completion

Please enter the date as dd/mm/yyyy (Required)

### **Declaration**

I confirm each of the requirements detailed above have been completed prior to accessing SCR and the pharmacy contractor and the team agree to comply with the on-going requirements for access to SCR.

### Signed by

Name (Required)

Role (Required)

On behalf of (pharmacy contractor) (Required)

[Save and come back later...](#)

[Continue >](#)



Closes 30 Sep 2017

## Almost Done...

You are about to submit your response.

- If you want to review your answers before doing this, click **First**.
- If you are happy with your answers, click **Submit**.

*If you have already provided us with your email address, thank you. If not, you can register to receive a copy of your response by providing your email address in the field below. Your details will only be used for this purpose.*

Thank you.

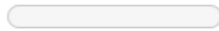
If you provide an email address you will be sent a receipt and a link to a PDF copy of your response.

Email address

< Back

<< First

Submit Response



Closes 30 Sep 2017

This service needs  
[cookies enabled](#).

## Your response has been submitted

Thank you for submitting your completed Acceptable Use Agreement. If you have any queries regarding your submission please contact the Summary Care Record Pharmacy team via [scrpharmacy@nhs.net](mailto:scrpharmacy@nhs.net), quoting your ODS number in all correspondence.

Your response ID is XXXX-XXXX-XXXX-X. Please have this ID available if you need to contact us about your response.