**Community Pharmacy WhatsApp Group**

**Community Pharmacy Team/Palliative Care/Independent Prescribing**

Following discussion with CPHi, Palliative Care Pharmacist and the local Teach & Treat Hub personnel, it was decided that various WhatsApp groups be introduced which will be used to enable the community pharmacists to engage with their peers and share experiences of their prescribing etc, in a safe and secure environment.

To allow us to set up these groups, we will need to use your nominated mobile telephone number to add you to the specific group. A current community pharmacy team WhatsApp group and Palliative Care WhatsApp group already exist. There is **no** obligation to join any of these groups.

The community pharmacy team is committed to ensure that any personal information you provide is handled confidentially, and in accordance with the Data Protection legislation. We will not share your mobile number with any third party and will only share this with the appropriate WhatsApp group.

**Rules for Self-Management WhatsApp Groups**

To ensure we are all well connected and use this facility correctly and safely, we have developed a few ground rules for using the WhatsApp groups.

1. **Respect others as individuals** – giving the other person our attention, responding politely and not ridiculing what other people say. Remember, not everyone will have the same opinion and that is perfectly OK.
2. **Respect others culture, race and background** – realising that while we are all different, that deep inside we are essentially the same.
3. **Respect others privacy and confidentiality** – you must not share contact numbers of the participants in the group with anyone else and remember that anything discussed in the group must be treated confidentially.
4. **No bullying, harassment or discrimination**.
5. **No use of explicit/sexual language**.
6. **Take turns** – let everyone have a turn and do join the conversation when you can.
7. **Peer support** - share your anxieties and worries, share your thoughts and offer support to one another.
8. **No tolerance policy** – the Advisory Group will be part of the group chat to both participate and monitor conversations to help and support when required. We may ask you to remove comment or chat that is not appropriate. In very rare cases we may apply some form of sanction i.e. suspension/removal from the group.
9. **Make a Rule** – if you wish a rule to be added here then get in touch and let us know.
10. **If you wish to leave the group** – if you no longer wish to participate please inform [nhsh.cpsoffice@nhs.scot](mailto:nhsh.cpsoffice@nhs.scot) or Tel : 01463 706886 and your number will be removed from the group(s).
11. **Remember** – this facility is NOT a replacement for emergency solutions. WhatsApp will not be monitored 24/7 and therefore if you have an emergency please call 999 or 101 for non-emergencies.



**WhatsApp Community Pharmacy Independent Prescriber Group Consent Form**

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| Consent is a legal definition that simply means that you are competent and capable to make a decision once you have received adequate (or enough) information. Consent should be given without influence and in Scotland; the legal age of consent is 12 years. |

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| --- | --- | --- | --- |
| Would you like to join the Community Pharmacy Independent WhatsApp group ? | | Yes | No |
| Would you like to join the generic Health Board Group (no answer required if you have already agreed to this) ? | | Yes | No |
| Would you like to join the Palliative Care Group (no answer required if you have already agreed to this) ? | | Yes | No |
| If YES, do you give your permission for NHSH, Community Pharmacy Team to share your mobile number with other members ? | | Yes | No |
| I understand that I can leave the group at any point without giving any notice or reason for leaving | | Yes | No |
|  | |  |  |
| I have read and understood the rules attached for participating in the WhatsApp Group chat | | Yes | No |
| I understand that discussion in the group will be monitored | | Yes | No |
| Please enter your nominated mobile number |  | | |
| Participant’s Name |  | | |
| Participant’s Signature |  | | |
| Date |  | | |