Request for information and data proforma

Please submit all requests **securely** either by email or fax.

Emailed requests must be sent from NHSmail or secure GSI/PNN domains. Please note that NHSmail will remove any encrypted files, so requesters without access to NHSmail or secure GSI/PNN domains should use the secure fax line below.

Please send faxed requests to 0191 264 5281.

**Part 1**

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| **To:** | NHS Prescription Services Gatekeeper – [nhsbsa.cfsrequests@nhs.net](mailto:nhsbsa.cfsrequests@nhs.net) |
| **From:** |  |
| **Email address:** |  |
| **Postal address:** |  |
| **Tel. number:** |  |
| **cc:** |  |
| **Date:** |  |

**Part 2**

The following information/data has been requested under regulatory and or legislative powers as defined by my professional role:

(\* Please delete as applicable)

1. **General Pharmaceutical Council:** General Pharmaceutical Council: Article 49 Subsection 1, 2 (a) and 3 of The Pharmacy Order 2010 No 231
2. **Police Service**:Data Protection Act 2018 Schedule 2 part 1 2 (1)(a)

The listed GDPR provisions and Article 34(1) and (4) of the GDPR (communication of personal data breach to the data subject) do not apply to personal data processed for any of the following purposes —

(a) the prevention or detection of crime,

(b) the apprehension or prosecution of offenders, or

(c) the assessment or collection of a tax or duty or an imposition of a similar nature

Requests made under this legislation must be authorised by a ranking officer of Inspector or above and provide sufficient information to determine whether a disclosure is to be made. This request form does not oblige the recipient to disclose; it enables a disclosure to be legally made.

1. **General Medical Council**: Section 35A (1) (b) of the Medical Act 1983 (as amended 2000) SI 1803
2. **Coroner's Office**: Coroners and Justice Act 2009 Schedule 5.
3. **Care Quality Commission**: Section 17(4) of the National Health Service (Complaints) Regulations 2004 no 1768.
4. **HM Revenue & Customs**: Schedule 11, section 7 (2) of the Value Added Tax Act 1994.
5. **Others**: Please clearly state the legal position which obliges disclosure of the requested information.

I understand that any information supplied is governed by the relevant Act/Directions and I agree to use the information only for the stated purpose and to treat this information in confidence.

**Part 3**

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| 1. **Who is requesting the information/data?** Please state your title/role and the organisation you are representing. | | | |
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| 1. **Specifics of information required** e.g. spreadsheet/account numbers etc. Please include a summary of the allegation which will facilitate the extraction of any information. Use additional sheets as required. | | | |
| **Allegation:** | | | |
| **Dispenser’s name, address and postcode:** | | | |
| **Prescriber’s name, address and postcode:** | | | |
| **Patient’s name, address and postcode:** | | | |
| **Medication** | | | **Date dispensed** |
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| 1. **Additional information attached:** | **Yes / No** | | |
| **If yes, please indicate what** e.g. spreadsheet of all drug items to be priced | | | |
| 1. **Why is this information required?** e.g. criminal, civil, disciplinary | | | |
| 1. **How will this information be used?** Please provide details of any third party use e.g. solicitor, police. | | | |
| 1. **Timescales** – it is essential to determine when the information is needed by (e.g. trial date) as this will priorities your request. | | | |
| **When is the information required?** | |  | |
| **How long will you retain/use the information provided?** | |  | |
| 1. **Please indicate whether you require:**  * the original prescription form(s) * a scanned image or photocopy of the original prescription form(s). Your request may be processed faster if you are happy to accept a copy.   **(delete as appropriate)** | | | |

**Please contact me once this request has been allocated a unique reference number.**

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| Signed: |  |