Request for information and data proforma

Please submit all requests **securely** by email.

Emailed requests must be sent from NHSmail or secure Government domains. Please note that NHSmail will remove any encrypted files.

**Part 1**

|  |  |
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| **Send to:** | NHS Prescription Services Gatekeeper DataServicesSupport@nhsbsa.nhs.uk |
| **From:** |  |
| **Email address:** |  |
| **Postal address:** |  |
| **Tel. number:** |  |
| **Date:** |  |

**Part 2**

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

The legal basis for processing this information is: *[delete below as applicable]*

* *[the Secretary of State directions to NHS Trusts and Special Health Authorities in respect of counter Fraud 2017](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/677254/Directions_to_NHS_Bodies_2017.pdf)*
* [*Data Protection Act 2018 Schedule 2 part 1 2 (1)(a)*](http://www.legislation.gov.uk/ukpga/2018/12/schedule/2/paragraph/2)

I confirm if I do not obtain this information, it will seriously prejudice my enquiry as I have no other way to obtain the information being requested.

I understand that any information supplied is governed by the Directions. I agree to use the information only for the stated purpose, and in accordance with the Directions to treat the information in confidence.

**Part 3**

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| 1. **Who is requesting the information/data?**
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| 1. **Specifics of information 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 prioritise 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.**

|  |  |
| --- | --- |
| Signed: |  |