NHSCFA Request for Information and Data Proforma

Please submit all requests **securely** by email. Send your request for approval to

NHSBSA Information Governance: [**nhsbsa.dataprotection@nhs.net**](mailto:nhsbsa.dataprotection@nhs.net)

Please Cc: Lisa McAlister: [**lisa.mcalister@nhs.net**](mailto:lisa.mcalister@nhs.net)

Please note that NHSmail will remove any encrypted files that are attached.

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| **Part 1 - Your details** | |
| Your name |  |
| Job title |  |
| Organisation name | NHS Counter Fraud Authority |
| Organisation address |  |
|  |  |
|  |  |
| Postcode |  |
| Email address |  |
| Telephone number |  |
| Case reference |  |
| Date |  |

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| **Part 2 - Your authority** |
| The following information/data has been requested under regulatory and or legislative powers as defined by my professional role at the NHS Counter Fraud Authority:  The Directions to NHS Trusts and Special Health Authorities in respect of Counter Fraud 2017  and  The Data Protection Act 2018 Schedule 2, Part 1, Section 2 (1)(a) and (b) for the prevention or detection of crime or the apprehension or prosecution of offenders. Requests made under this legislation must be authorised by an NHSCFA officer 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.  I understand that any information supplied is governed by the relevant Act and I agree to use the information only for the stated purpose and to treat this information in confidence. |
| **Part 3 - The dentist** *(Please enter as much information as is available.)* |

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| Contract number |  |
| Practice name |  |
| Practice address |  |
|  |  |
|  |  |
| Postcode |  |
| Performer(s) name(s) and number(s) |  |
| Patient’s name, DoB, address and postcode (if relevant) |  |

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| **Part 4 - Your request** |
| **The allegation**  *(Please provide a summary of the allegation below.)* |
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| **What data do you require to assist in your investigation*?***  *(This may include some of the following:*  *- A breakdown of treatment data extracted from the FP17 forms in Excel format. Note: This provides the easiest way to analyse a large amount of data.*  *- A breakdown of treatment data extracted from the FP17 forms in PDF format. Note: This includes a page for each individual patient treatment and could run to thousands of pages.*  *- A scanned copy of the original FP17 form(s). Note: Since May 2019, no contracts have been submitting paper FP17 forms. Where they previously did, these were scanned and the images are only retained for a period of fourteen months.)* |
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| **Data time period**  *(Enter the dates the data required should cover, ie: 01/04/2018 to 31/03/2019.)* |
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| **Why is this information required?**  *(ie: criminal, civil, disciplinary.)* |
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| **How will this information be used?**  *(Please provide details of any third party use, ie: solicitor, police.)* |
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| **If this information was not disclosed to you, how would it prejudice your investigation?** |
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| **How long will you retain the data provided to you?** |
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| **Timescales**  *(It is essential to determine when the information is needed by, ie: prior to a trial date. Please specify a date if necessary.)* |
|  |
| **Please enter any other information below** |
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