Patient Information Proposal Form

**Please submit one form for each new patient information resource.**

**Section 1: Proposal Details**

|  |  |  |
| --- | --- | --- |
| 1. Date of proposal | 2. Name of Author | 3.Department/Designation |
|  |  |  |
| 4. Service Lead | 5. Is this resource replacing an existing resource? (please include the reference of the existing resource if yes) | |
|  | Yes/No (Reference...) | |
| 6. Title of Resource |  | |
| 7. Other information about the resource (topics, etc.) |  | |
| 8. Service Lead Approval Statement | | |
| I agree that as the named Service Lead that a new PI resource needs to be created which will also require periodic review, and I am happy for the Author to undertake the development of this resource.  Signature:  Date: | | |
| Please submit this form to [patient.info@geh.nhs.uk](mailto:patient.info@geh.nhs.uk) once this section is completed. | | |

**Section 2:** **External Resource Search**

|  |  |  |
| --- | --- | --- |
| 9. Request Date: | 10. Completion Date: | 11. Completed by: |
|  |  |  |
| 12. Search Results: | | |
|  | | |
| 13. Search Strategy: | | |
|  | | |
| 14. Can you use an external PI resource? | 15. Please state reason if no, or which resource if yes. | |
| Yes/No |  | |
| **Service Lead Approval** | | |
| 16. A new PI resource needs to be created | 17. An existing external PI resource can be used |  |
| Yes/No | Yes/No |  |
| 18. Service Lead Signature | | 19. Date |
|  | |  |

**Section 3: PI Resource References**

|  |
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| 20. Sources used in the creation of the PI Resource |
|  |

**Section 4: Third Party Copyright**

|  |  |
| --- | --- |
| 21. Have you used any third-party materials in your PI resource? This can include quotations, images, recordings etc. | Yes/No |
| 22. Please list below what third party copyrighted content you have used, its location in the document, and source (please add extra lines as required). | 23. Do you have permission to use this content/ is the content open access? |
| a. |  |
| b. |  |
| c. |  |
| Please submit your resource and this form to [patient.info@geh.nhs.uk](mailto:patient.info@geh.nhs.uk) at this stage for a copyright review including any permission statements, and even if the answer to question 21 was No. | |
| 24. KLS Comments | |
|  | |
| 25. Author response | |
|  | |
| 26. Author statement: | |
| I declare as author of this PI resource that all material that is protected by third-party copyright either falls under the quotation exception or may be made available under permission that I have obtained from the rights holder(s).  Signature:  Date: | |

**Section 5: Peer review**

|  |  |
| --- | --- |
| 27. Peer review undertaken and attached (minimum of one) | Yes/No |
| 28. Patient review undertaken and attached (minimum of one) | Yes/No |
| 29. Author Response | |
|  | |

**Section 6: Dissemination**

|  |  |  |
| --- | --- | --- |
| 30. I would like the PI resource to not be made public. | 31. If Yes please give your justifications for not making the resource publicly accessible below: | |
| Yes/No |  | |
| **Directorate Governance Lead Approval Statement** | | |
| 32. This resource should not be made available on the GEH website | 33. This resource should be made public on the GEH website |  |
|  |  |  |
| 34. Directorate Governance Lead Signature: | | 35. Date: |
|  | |  |

**Section 7: Approval**

|  |  |
| --- | --- |
| **Directorate Governance Meeting Approval** | |
| 36. Upon initial submission the Directorate Governance Meeting gives approval for this resource to be used? | Yes/No |
| 37. Comments from the Directorate Governance Lead if No: | |
|  | |
| 38. Authors response | |
|  | |
| 39. Upon re-submission the Directorate Governance Meeting gives approval for this resource to be used? | Yes/No |
| 40. Directorate Governance Lead Signature on final approval: | 41. Date of approval: |
|  |  |
| Once your resource has been approved, please send all documentation along with the resource to patient.info@geh.nhs.uk | |

**KLS Administrators Only**

|  |  |
| --- | --- |
| **Document ID** |  |