Patient Information Review Form

**Section 1: Review Details**

|  |  |
| --- | --- |
| 1. Resource Number | 2. Title of Resource |
|  |  |
| 3. Review Date | 4. Name of Reviewer | 5.Department/Designation |
|  |  |  |
| 6. Service Lead |  |

**Section 2: External Resource Search**

|  |  |  |
| --- | --- | --- |
| 7. Request Date: | 8. Completion Date: | 9. Completed by: |
|  |  |  |
| 10. Search Results: |
|  |
| 11. Search Strategy: |
|  |
| 12. Can you use an external PI resource? | 13. Please state reason if no, or which resource if yes. |
| Yes/No |  |
| 14. GEH bespoke resource is required? | Yes/No |
| 15. GEH resource requires Complete rewrite | 16. GEH resource requires minor modifications or no changes |  |
| Yes/No | Yes/No |  |
| **Service Lead Approval** |
| 17. Service Lead Approval Statement |
| I confirm that this PI resource is still required, and approve the use of the identified external resource or reviewer undertaking the changes as identified above.Signature:Date: |
| If the answer to Question 15 is Yes please keep this form, but commence the new resource process using a Patient Information Proposal Form. |

**Section 3: Alterations**

|  |
| --- |
| 18. List of Alterations and New References (if no alterations have been made, please indicate none, stating why none were required) |
|  |
| 19. Have you used any new third-party materials in your review of the PI resource? This can include quotations, images, recordings etc. | Yes/No |
| 20. Please list below what third party copyrighted content you have used, its location in the document, and source. | 21. 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 at this stage for a copyright review even if the answer to question 19 was No |
| 22. KLS Comments |
|  |
| 23. Author response |
|  |
| 24. Author statement |
| I declare as reviewer 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 4: Dissemination**

|  |  |
| --- | --- |
| 25. I would like the PI resource to not be made public. | 26. If Yes please give your justifications below: |
| Yes/No |  |
| **Directorate Governance Lead Approval Statement** |
| 27. This resource should not be made available on the GEH website | 28. This resource should be made public on the GEH website |  |
| Yes/No | Yes/No |  |
| 29. Directorate Governance Lead Signature | 30. Date |
|  |  |

**Section 5: Approval**

|  |
| --- |
| **Directorate Governance Meeting Approval** |
| 31. Upon initial submission the Directorate Governance Meeting gives approval for this resource to be used? | Yes/No |
| 32. Comments from the Directorate Governance Lead if No: |
|  |
| 33. Authors response |
|  |
| 34. Upon re-submission the Directorate Governance Meeting gives approval for this resource to be used? | Yes/No |
| 35. Directorate Governance Lead Signature on final approval | 36. 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** |  |