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 |  |
| Please send this form to patient.info@geh.nhs.uk once a resource has been identified for review. |

**Section 2: External Resource Search**

|  |
| --- |
| The Patient Information Service at patient.info@geh.nhs.uk will undertake an external resource search on submission of this form and complete questions 7-11. |
| 7. Request Date: | 8. Completion Date: | 9. Completed by: |
|  |  |  |
| 10. Search Results: |
|  |
| 11. Search Strategy: |
|  |
| 12. Can you use an external PI resource identified above? *(yes/no)* | 13. Please state reason if no, or which resource if yes. |
|  |  |
| 14. GEH bespoke resource is required? *(yes/no)* |  |
| 15. GEH resource requires complete rewrite *(yes/no)* | 16. GEH resource requires minor modifications or no changes *(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.Name: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 content in your review of the PI resource? This refers to any content that belongs (whether by copyright or implicit ownership) to someone or something other than yourself and can include quotations, images, recordings etc. *(yes/no)* |  |
| 20. Please list below what third party content you have used, its location in the document, and source *(please add extra lines as required).* | 21. Do you have permission to use this content/ is the content open access? *(yes/no)* |
| 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 |
| *For admins to complete.* |
| 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).Name:Date: |

**Section 4: Dissemination**

|  |
| --- |
| This section only needs to be filled in if an author wishes for their resource not to be made available on the external GEH website. Please leave blank otherwise. |
| 25. As author I request that this resource is not made available on the external website and is only available on the internal extranet for the following reasons:  |
|  |
| **Directorate Governance Meeting Approval** |
| 26. The Directorate Governance meeting has decided *(mark as appropriate with X)*: |  |
| This resource should not be made available on the GEH website |  |  |
| This resource should be made available on the GEH website |  |  |
| 27. Directorate Governance Lead Confirmation |
| Name:Date: |

**Section 5: Approval**

|  |
| --- |
| **Directorate Governance Meeting Approval** |
| 28. Upon initial submission the Directorate Governance Meeting gives approval for this resource to be used? *(yes/no)* |  |
| 29. Comments from the Directorate Governance Lead if No: |
|  |
| 30. Authors response |
|  |
| 31. Upon re-submission the Directorate Governance Meeting gives approval for this resource to be used? *(yes/no)* |  |
| 32. Directorate Governance Lead Confirmation |
| Name:Date: |
| 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** |  |