**Form E - COVID-19 Access Request Form for GPES Data for Pandemic Planning and Research (COVID-19) held by NHS Digital**

This whole form must be completed and emailed to [*covid-19datasharing@nhsx.nhs.uk*](mailto:covid-19datasharing@nhsx.nhs.uk)*.* If you require assistance in completing the form, please contact the service desk on the email above and a member of the team will contact you. Please also refer to the step by step guides.

You should fill in this form if you require access to **GPES Data for Pandemic Planning and Research** data for COVID-19 purposes only, from NHS Digital.

If you require access to data held on the NHS COVID-19 data store, you should complete form A. A list of the datasets on the NHS COVID-19 data store is [here](https://data.england.nhs.uk/covid-19/).

This form is for access to **GPES Data for Pandemic Planning and Research** data held by NHS Digital. The triage team will then contact the relevant national organisation on your behalf.

If you are a researcher and require access to Confidential Patient Information held locally then you can liaise with the [Health Research Authority](https://www.hra.nhs.uk/covid-19-research/) directly. If you are requesting Confidential Patient Information held locally for other purposes then you should complete this Form C and the triage service will support you to ensure that you have the appropriate approvals in place for example, we will liaise with the Confidentiality Advisory Group on your behalf as required. The triage service will not however provide access to the locally held data.

It is important to note that if you are relying on the COPI notices for your legal basis under the common law duty of confidentiality, once the notices are withdrawn you will need to cease processing or seek another legal basis (e.g section 251 support).

# **Section 1: Contact details**

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| **Name:** |  |
| **Email Address:** |  |
| **If you are completing this on behalf of others, please provide names and email addresses of your colleagues:** |  |
| **Telephone Number:** |  |
| **Job Title / Role:** |  |
| **Team/Study Name:** |  |
| **Organisation:** |  |
| **Are you the data controller if not please provide details of the Data Controller** |  |

**Section 2 – Data Requested and Purpose**

**N.B. this data request is for GPES Data for Pandemic Planning and Research data from NHS Digital they will work with you further on enhancing the information you provide, this initial information will be used for triage.**

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| **Please describe the purpose for which you are requesting access to the data e.g. how will it support the COVID-19 response?** |  |

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| **Please describe the data you require access to and if the requirement is for identifiable data.**  **Please include any data linkage you will be dependent on** |  |
| **If request is for Research please provide a statement of priority support and ref number from relevant organisation** | This can include  Details of your HDRUK / NIHR Ref Number and Priority  SAGE Approval  NERV-TAG |

**Section 3 Access to GPES data for pandemic planning and research (COVID-19)**

**N.B. this data request is for GPES Data for Pandemic Planning and Research data from NHS Digital they will work with you further on enhancing the information you provide, this initial information will be used for triage.**

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| **Purpose, \*please delete as appropriate** | * Research * Planning (e.g. Referral Management, GP Capacity Planning, Local Authority Delayed Treatment and Assessments) |
| **Do you Already have an existing DSA with NHS Digital? Please provide NIC Number.**  **(if you provide a number we will assume your Data Controller, Data Processors and Processing Location continue to be the same and we will populate this information into your new DSA, this can be changed later if required)** | **DSA NIC Number**:  **Data Controllers / Processors and Location remain same:** Yes/No |
| **If request is for Research please provide your HDRUK / NIHR Ref Number and Priority** | N.B. if comment in section 3 is addressed update that. |

**Section 4: Declaration**

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| **Your Declaration**  I confirm that the information in this application form is true and complete. I confirm that I will adhere to all applicable Information Governance rules and guidelines and adhere to Data Protection Act 2018 requirements. I also confirm that my mandatory IG training is completed and up to date.  ☐ \* I agree to the above declaration | |
| **Name:** |  |
| **Date:** |  |

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