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| **DATA QUALITY TEAM –WORK REQUEST FORM** **v12-06-2019** |
| **Request Date:** | Click here to enter a date. | **Requested By:** |  |
| **CCG:** | Choose an item. | **Department:** |  |
| **Contact Details:** | **Tel:** |  | **Email:** |  |
| **Which CCG Objective / Department Objective does this request relate to?** |  |

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| Requirement:(Please select from the drop down box) | Choose an item.  | Choose an item.  |
| Frequency:(Please select from the drop down box) | Choose an item. | Requested date of completion:***\*Please note 2 weeks’ notice is required to enable the necessary specifications and tools to be created and tested.  Installations will take place after testing.*** | Click here to enter a date.  |
| Description of Task:***\*You must provide the rationale for collecting this information, it is the CCG responsibility to ensure this is communicated to the GP Practices*** |  |
| Will Patient Identifiable Data Be Required? | Choose an item.  | Information to be held by? |  |
| Retention Period? |  | Who will have access to the data? |  |
| Please submit this form to: gmss.dataqualitygm@nhs.netEnsure you enter your CCG name in the subject of the email |

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| **OFFICE USE ONLY: To be completed by Data Quality Manager** |
| **Request agreed?** | Choose an item.  | **Can data be obtained from an alternative source** | Choose an item.  |
| **Approved by:** |  | **Allocated Data Quality Team Member:** |  |
| **Date:**  | Click here to enter a date. | **Central Team Required:**  | Choose an item.  |