**Amendment request form**

Use this template to submit an amendment to an approved application. The completed template will be reviewed by the Confidentiality Advice Team who will then confirm the appropriate action. The Confidentiality Advice Team can be contacted prior to completion to advise on whether the nature of the change requires a formal amendment. Supporting documentation can be used in conjunction with this form.

Please note that support for amendments will not come into effect until a final approval letter is provided.

**PIAG/ECC/CAG reference number:**

**Application title:**

**Amendment date:**

**Research/Non-Research**

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| 1. Please indicate the nature of the change below. |
| Data flows  Data items  Data sources (see question 4)  Purposes of application  Data controller (please note that an amended application form and supporting documents setting out the new data controller arrangements will be required, you are advised to contact the Confidentiality Advice Team prior to submission)  Data processor (required to have a satisfactory Information Governance Toolkit submission in place - see question 6)  Duration amendment  Other (please specify): Data size |

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| 1. Please summarise the change to the application, specifying how the amendment differs from the detail of the original application: |
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| 1. Please confirm the justification for the amendment. This should explicitly include the following:  * the reason why it is in the public interest for the amendment to proceed * the benefits that the amendment will, or is expected to, provide * The time period for which the amendment is expected to be required * The consequences if the amendment did not go ahead |
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| 1. If amending the data sources, has the data controller for this agreed in principle for this access to be provided? Please provide evidence of any authorization. |
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| 1. It is a requirement of the Regulations that an application cannot be inconsistent with the principles of the Data Protection Act 1998 (DPA). The first principle of the DPA requires that reasonable efforts are made to inform data subjects of the use of their data. The nature of the change may mean that there is a need to update the current information provided to patients. Please confirm whether patient information materials (websites, leaflets, posters etc.) have been updated to reflect the change and detail the changes below.   If no change is intended to be made, please specify the reasons for this decision. |
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| 1. All applicants processing confidential patient information under the Regulations are required to provide evidence of suitable security arrangements via agreed routes. This must be in place before any support can come into effect, must be maintained for the duration of the support and is expected to be up to date and (in England) reviewed by NHS Digital at each annual review.   Security assurance is required in relation to ALL organisations involved in processing confidential patient information. Please carefully assess where the processing is taking place, and provide security assurance based upon the jurisdiction and organisation where the information is being processed. Applicants may need to provide more than one security assurance depending on the jurisdiction information is processed, or if processing of identifiable information is taking place in more than one organisation.   |  |  |  |  | | --- | --- | --- | --- | | **Processing takes place in:** | **England** | **Wales** | **Scotland** | | **Security assurance provided by:** | Data Security and Protection Toolkit (DSPT) – by organisation or specific function | Caldicott Principles into Practice (CPiP) report – by organisation | Review by the Public Benefit and Privacy Panel for Health & Social Care | | **Applicant should contact:** | [Exeter.Helpdesk@nhs.net](mailto:Exeter.Helpdesk@nhs.net) | [Darren.Lloyd@wales.nhs.uk](mailto:Darren.Lloyd@wales.nhs.uk) | Public Benefit and Privacy Panel (PBPP) for Health & Social Care | | **How assurance is provided to CAG** | 1. Organisational self-assessed completion of relevant DSPT. 2. Applicant contacts Exeter Helpdesk to request NHS Digital to review the relevant DSPT self-assessed submissions 3. NHS Digital review the DSPT submission and confirm to CAG when ‘Standards Met’ | Relevant CPIP out-turn report provided directly by NWIS to CAG | An approval letter from PBPP, where processing is taking place in Scotland, is accepted as evidence of adequate security assurance. | |
| **For applicant completion:**  Please list all organisations physically processing relevant information without consent for which security assurance is required. Security assurance is provided through NHS Digital reviewing the self-assessed submission. Please ensure you have contacted NHS Digital and asked them to review your submission. The annual review will not be valid until NHS Digital has reviewed the submission and confirmed its status as ‘standards met’.  If confidential patient information is being processed by NHS Digital, please select this box:  *Security assurance has already been provided for NHS Digital so please do not complete any details below for NHS Digital.*   |  |  |  |  | | --- | --- | --- | --- | | **Organisation (Full name)** | **ODS Code** | **Date self-assessment submitted to NHS Digital** | **Date NHS Digital confirmed assessment reached ‘Standards Met** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   Is any processing of identifiable information taking place in Wales?  Is there any processing of identifiable information taking place in Scotland?  If processing of confidential patient information is taking place in Wales or Scotland, please contact the Confidentiality Advice Team for advice on next steps. |

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| 7. If a research application, has an amendment to a Research Ethics Committee been submitted? Please provide supporting documentation/date to be reviewed/favourable ethical opinion. |
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| 8. Confirmation of contact details  Please confirm contact details for the purpose of our publicly available register of approved applications. |
| Applying organisation:  Contact Name and role:  Full address:  Telephone:  Email: |

Information Guardian/Chief Investigator Name:

Signed: Date:

This form should be submitted, in conjunction with any relevant supporting documentation, to [cag@hra.nhs.uk](mailto:cag@hra.nhs.uk). If you require any assistance in completing this form you are advised to contact the Confidentiality Advice Team on [cag@hra.nhs.uk](mailto:cag@hra.nhs.uk) or on 0207 104 8100.

Once submitted the form will be reviewed by the Confidentiality Advice Team in the first instance who will confirm whether the amendment is valid or if further information is required.

# Document Control

**Change Record**

| Version Status | Date of Change | Reason for Change |
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**Reviewers**

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**Distribution of Approved Versions**

| Name of Person/Group | Position | Version Released |
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