

**APPLICATION TO UNDERTAKE MUR SERVICES OTHER THAN ON THE PHARMACY PREMISES**

*In the event of applying to the PCT for consent to undertake an MUR away from the pharmacy premises, or by telephone, consent must be obtained before any MUR is carried out in alternative premises or by telephone.*

Name of Primary Care Trust	
Name of pharmacy contractor	
Address of pharmacy	
Address for correspondence (if different)	

Further to my / our notification to the PCT of my / our intention to commence providing Advanced services at the above pharmacy,

I / we apply for consent to undertake MUR consultations other than in the pharmacy premises as identified in the tables below.

I / we confirm that the total number of MURs that will be undertaken in the above pharmacy and in alternative premises (if consent is given by the PCT) will not exceed the maximum set out in the Secretary of State Directions, as printed from time to time in the Drug Tariff.

*[Note: complete the appropriate box(es) and the declaration at the end of the form and then post to the PCT]*

**1. Application under Direction 3(4)(b)**

*[Note: application under this direction is only possible for a specified address and only if the consultation area meets the three criteria for consultation areas. It may for example be used to seek permission to conduct MURs in the consultation area of another pharmacy, which has already been approved by the PCT as being appropriate for the provision of MURs]*

I / we apply to undertake MUR consultations in the following premises.

I / we confirm that the area is clearly designated as an area for confidential consultations; is distinct from the general public areas of the premises in which it is situated; and is an area where both the person receiving the MUR services and the pharmacist providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person.

Premises address	Location of confidential consultation area within the premises



**2. Application under Direction 3(4)(c)(i)**

*[Note: application under this direction is possible only for specified premises, for a particular patient on a particular occasion. For example, it may be used to carry out an MUR in a patient's home. Because you need to disclose the patient's name to the PCT, you should obtain the patient's consent to disclosure, before making the application to the PCT]*

I / we apply to undertake an MUR consultation in the following premises, for the particular patient listed.

Premises address	Name of patient

The Primary Care Trust, when considering an application for consent to an MUR being undertaken in a patient's home, may require that the pharmacist undergoes an enhanced Criminal Records Bureau check (CRB) before giving consent, particularly if the patient is a vulnerable adult or a child. If the PCT has indicated that its policy is to require enhanced CRB checks, then complete the following table. Note, if the PCT requires enhanced CRB checks, then it should arrange and pay for these. We recommend that all pharmacy contractors who may at some stage wish to apply for consent to carry out an MUR in circumstances where the PCT will require an enhanced CRB check, discuss this with the PCT and agree to undertake CRB checks in advance of making applications, so that there is no undue delay.

The patient is a vulnerable adult or a child	<input type="checkbox"/> Yes <input type="checkbox"/> No
The pharmacist who will carry out the MUR consultation is	
The pharmacist has been the subject of an enhanced CRB check	<input type="checkbox"/> Yes <input type="checkbox"/> No

**3. Application under Direction 3(4)(c)(ii)**

*[Note: application under this direction is possible for premises or a category of premises in order to carry out an MUR on a particular category of patients. The PCT can impose conditions and can state the circumstances in which the consent is to be granted. Examples may be a care home, for care home patients, a children's home for children at the home, or a prison, for prisoners. If the actual premises are known, these should be listed. If the actual premises are not yet determined, then list the category of premises, e.g. care homes, children's homes, prisons etc]*

I / we apply to undertake an MUR consultation in the following premises / category of premises, for the category of patients listed.

Premises address (if known) or category of premises (e.g. 'care homes')	Category of patients to be seen (e.g. residents of care home, children at children's home, or prisoners etc)

The Primary Care Trust, when considering an application for consent to an MUR being undertaken in a category of premises may describe the circumstances and impose such conditions as it sees fit. This could include, for example, a requirement for enhanced CRB checks if vulnerable adults or children are included in MUR consultations. Additionally, conditions may be imposed specifying the arrangements for an MUR (such as the arrangements for the consultation to be conducted confidentially). The PCT could decide that it would wish to check the arrangements before it gives consent. Clearly, the PCT would not wish to create an unnecessary burden for itself, but it would want to satisfy itself that the consultation is to be carried out in a way that protects the confidentiality of the consultation and ensures the safety of the patient and the pharmacist.

If the PCT has indicated that its policy is to require enhanced CRB checks for this type of application, then complete the following table. Note, if the PCT requires enhanced CRB checks, then it should arrange and pay for these. We recommend that all pharmacy contractors who may at some stage apply for consent to carry out an MUR in circumstances where the PCT will require an enhanced CRB check, discuss this with the PCT and agree to undertake CRB checks in advance of making applications:

The patients may include vulnerable adults or children	<input type="checkbox"/> Yes <input type="checkbox"/> No
The pharmacist who will carry out the MUR consultation is	
The pharmacist has been the subject of an enhanced CRB check	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. **Application under Direction 3(4A)**

*[Note: application under this direction is for an MUR consultation to be carried out for a particular patient on a particular occasion, by telephone. Because you need to disclose the patient's name to the PCT, you should obtain the patient's consent to disclosure, before making the application to the PCT]*

I / we apply to undertake an MUR consultation by telephone for the following patient on one occasion

I / we confirm that the arrangements are such that the telephone conversation cannot be overheard (except by someone whom the patient wants to overhear the consultation).

Patient's name

I / we confirm that if the above applications are approved, I / we will cease to provide MUR consultations under these arrangements if the PCT subsequently notifies me / us that its approval has been withdrawn.

Signed		Date	
Contact for queries relating to this form		Telephone number	

