

## Community Pharmacy Advanced Service – Medicines Use Review (MUR) Service

### Annual regulatory standards checklist and declaration

This voluntary checklist is provided to prompt pharmacy contractors to check on an annual basis, that all the regulatory requirements of the MUR service have been met. The form is intended to be completed shortly after the end of a financial year. It should be retained in the pharmacy, and may be referred to during a PCT monitoring visit, or could be sent to the PCT as part of locally agreed voluntary arrangements. Part A includes the regulatory requirements of the MUR service.

Pharmacy name:	Address:
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#### Part A: Mandatory requirements

1) If the pharmacy began to provide the MUR service for the first time during the current financial year, was the PCT notified in advance? <i>(PSNC form PREM1 may be used for this)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, date of notification:																																
2) If the pharmacy began to provide the MUR service for the first time during the current year, what date did the pharmacy begin to offer the MUR service? <i>(Note: this affects the number of MURs that can be undertaken).</i>	Date:																																
3) Do you provide MURs by telephone or from premises outside the pharmacy? If yes, note down the date the PCT gave consent? <i>(PSNC form PREM2 can be used to apply for consent)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Date consent received:																																
4) Has the PCT been sent a copy of the MUR certificate of all pharmacists who will provide the service before MURs are undertaken by each pharmacist? <i>(These need be sent only once – it is prudent to keep a copy in the pharmacy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No																																
5) List names and Registration numbers of pharmacists whose accreditation certificates have been submitted to the PCT <i>(this should be a cumulative list, not just the current year).</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 20%;">Reg no.</th> <th style="width: 20%;">Date accredited</th> <th style="width: 30%;">Date cert. sent to PCT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Reg no.	Date accredited	Date cert. sent to PCT																												
Name	Reg no.	Date accredited	Date cert. sent to PCT																														
6) Have all MURs undertaken in the current year been conducted only by pharmacists whose certificates have been sent to the PCT?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																
7) Do you have a list of priority groups of patients identified by the PCT?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																
8) Do you ensure that the priority groups of patients are targeted for the service?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																
9) Have all patients who have undertaken an MUR been asked if they consent to information being shared with their GP, and given that consent?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																
10) Have all patients receiving the MUR service (other than prescription interventions) been receiving pharmaceutical services from the pharmacy for 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																
11) Have all copies of the MUR form which contain an action point for the GP been sent to the GP within 7 days of the MUR consultation?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																
12) Have GPs been informed within 1 month of any MURs undertaken for their patients, where there are no specific action points for the GP to consider?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																
13) What is the total number of MURs claimed during the previous financial year?																																	

14) For how long do you store completed MUR forms?	
15) Are you using only the Version 2 MUR form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16) Briefly describe the secure storage arrangements for the completed MUR forms:	
17) Do all pharmacists providing the MUR service regularly undertake continuing professional development relevant to the MUR service	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part B contains non-mandatory, good-practice recommendations for providing the MUR service.

<b>Part B: Good-practice recommendations</b>	
18) Which of the priority groups of patients identified by the PCT have you targeted for MURs?	
19) How do you ensure that the priority groups of patients are targeted for the service? Have you involved your dispensary and counter staff in identifying these patients and/or in letting these patients know about the MUR service?	
20) Has the consultation area changed during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21) Does the pharmacy have a Standard Operating Procedure (SOP) for the MUR service? <i>(Although not mandatory, an SOP helps demonstrate how you are meeting the requirements of the service)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
22) If you have an SOP has this been read by all pharmacists and is this being followed? <i>(Many pharmacies have a signature sheet to record that an SOP has been read)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
23) If you have an SOP, does it include a review date? <i>(An SOP should be reviewed at appropriate intervals – usually the sooner of annually or whenever there is a change in pharmacy systems or an incident that suggests a review should be undertaken)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
24) If you have an SOP have you included the method by which priority groups will be targeted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25) Does the pharmacy have appropriate arrangements for the continuity of Essential pharmacy services during the period that the pharmacist is conducting an MUR and are these detailed in the pharmacy SOPs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26) Have you or any pharmacist discussed the MUR service with local GPs during the current year, including the best way of communicating information about MURs and any priority groups of patients to be targeted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27) Do you have a leaflet easily available for patients explaining the MUR service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28) Are you able to explain the MUR service to people who may have language barriers or learning difficulties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29) Do you have a system to review and follow up actions recommended to GPs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30) Are you able to send the MUR form electronically to practices (using NHS Mail or another secure method)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31) Do you make a record on the patient's PMR that an MUR has been carried out, and include notes about recommended action points to be followed up?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Actions for the pharmacy identified after completing this form:	

<b>Declaration:</b> To the best of my knowledge all the information provided in this form is true and accurate.		
Signature:	Print name:	RPSGB reg. no.:
Date:	Position:	