

«AddressBlock»

NHS Prescription Services
Bridge House
152 Pilgrim Street
Newcastle upon Tyne
NE1 6SN

Tel: 0300 330 1295

Email: nhsbsa.pharmacysupport@nhs.net

Ref: «FCODE»

Date : xx/xx/xxxx

Dear Contractor,

Medicines Use Review (MUR) Patient Consent forms

As previously communicated, NHS Prescription Services, part of NHS Business Services Authority (NHSBSA), have been requested by NHS England to take over and centralise some of the local NHS England teams' responsibilities around auditing payments that have been made to pharmacy contractors.

This involves requesting evidence to verify payments that have been claimed and paid to pharmacy contractors. The initial focus of this work is Advanced Services, commencing with Medicines Use Reviews (MUR).

The service specification for the MUR service states that all patients receiving the MUR service must sign a consent form which is to be retained by the pharmacy. In signing the consent form, the patient agrees that information obtained during the service can be shared with NHS England and the NHSBSA for post payment verification of payments made to the pharmacy.

We are reviewing claims for the highest claiming pharmacies and a number of randomly selected contractors.

This pharmacy has been selected as it is one of the highest claiming pharmacies in «MON_1» to «MON_3». Our records show that your pharmacy claimed «MT» MURs for that time period.

Month of Claim	«MON_1»	«MON_2»	«MON_3»
MURs Paid	«M1»	«M2»	«M3»

Therefore, we request that you securely submit your MUR patient consent forms for the period [*Insert Time Period*] together with the completed Submission of MUR Evidence coversheet (a bar coded sheet, included with this correspondence) within your [*Insert Month*] prescription batch.

If you would like to submit the patient consent forms via a different method please contact the team on the number below to discuss this.

Following the review of your submitted consent forms, we will provide you with a summary of our findings and we will return the submitted consent forms. Should we need to clarify any information or request further information we will contact you. The summary of findings will also be shared with your local NHS England team. If you have any questions about this work, please contact us by telephone on 0300 330 1295 or by email at nhsbsa.pharmacysupport@nhs.net

We hope you will understand the importance of this review, which should provide the necessary assurances to NHS England and demonstrate the value of the service.

Your co-operation with this exercise is very much appreciated. Thank you.

Yours faithfully,

Graham Mitchell
Service Development Lead
NHS Prescription Services

Submission of MUR Evidence

* «BCODE» *

«BCODE»

«P_TRADING_NAME»	Contractor Code:	«FCODE»				
«P_ADDRESS_1»		Month of MUR Claim	«SM1»	«SM2»	«SM3»	Total
«P_ADDRESS_2»						
«P_ADDRESS_3»		No. of MUR paid:	«M1»	«M2»	«M3»	«MT»
«P_ADDRESS_4»						
«P_POST_CODE»						

The service specification for the MUR service states that all patients receiving the MUR service must sign a consent form which is to be retained by the pharmacy. We are now collating evidence to verify payments that have been claimed and paid to pharmacy contractors. **Therefore, we request that you submit your MUR patient consent forms for the period «MON_1», «MON_2» and «MON_3».**

Number of consent forms submitted:

Please use this box for any additional comments:

Submission guidance:

- Please count the number of consent forms you are submitting and record the quantity in the bordered box, above.
- Please remove all pins, staples, paper clips from the consent forms, where possible.
- There is no need to sort the consent forms into any particular order.
- Please place this cover sheet on top of your consent forms and secure using paper clips or elastic bands, whichever is appropriate.
- Place your cover sheet and consent forms within your prescription bundle in a secure manner, to prevent the forms becoming detached from the bundle in transit.
- Please submit your prescription bundle, containing your cover sheet and consent forms, to your normal processing centre no later than the 5th of the month.