

## Freedom of Information Act

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### Publication

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I know how many Medicines Use Reviews you have carried out each month. Yes, you. You might have been under the impression that MUR figures are confidential. However, the Freedom of Information Act 2000 gives a right to see information held by any public authority. According to the Act, a public authority includes the NHS Business Services Authority, any PCT or LHB, and any person providing pharmaceutical services or primary medical services. Information requested from a public body must be supplied promptly and in any event within 20 working days. Some information is exempt from disclosure, such as information which, if disclosed, would, or would be likely to, prejudice the commercial interests of any person. The Business Services Agency plainly doesn't regard disclosing MUR data as prejudicial to the commercial interests of any pharmacy business. Indeed, it seems that the NHS Business Services Authority has had so many requests for disclosure of the MUR figures of individual pharmacies that the data are just posted on its website to save having to answer individual requests for information.

Some applicants for pharmacy contracts routinely find out how many MURs are carried out by existing local pharmacies in case the number indicates that current services are inadequate. MUR figures won't always be relevant because a need for MURs will depend on local demographics, such as the age profile of a neighbourhood. However, I recently succeeded in obtaining a pharmacy contract for a client in a small town that had two pharmacies, both owned by the same proprietor. One of the pharmacies was almost next door to the two GP practices in town. Hardly any MURs had been carried out at the existing pharmacies, and although this was partly explained by the absence until recently of a consulting room in one of the pharmacies, the Family Health Services Appeal Unit was not convinced that the owner of the existing pharmacies would provide a full range of services.

Using MUR figures in NHS contract applications is symptomatic of the current interest in developing services other than dispensing. While there is a lot of talk these days about quality, it is much easier to measure quantity.

It remains to be seen whether the same kind of information will be useful after next Spring, when the current focus of the control of entry regime shifts away from providing people with adequate services and towards the contents of PNAs.

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### More information

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