

**PHARMACEUTICAL SERVICES
ADDITIONAL SERVICES
ASSESSMENT AND TREATMENT OF WOMEN WITH
UNCOMPLICATED URINARY TRACT INFECTION**

1. Introduction

- 1.1** The objective of the assessment and treatment of uncomplicated urinary tract infection (UTI) in women, by means of a patient group direction (PGD) for trimethoprim, is to provide a timely and appropriate service for women in the treatment of their condition and to identify patients who need onward referral to other NHS services.
- 1.2** Treatment on the NHS will be provided to women who meet the criteria set out in the PGD and who wish to receive care following assessment by a community pharmacist.

2. Background to the Service

- 2.1** Unscheduled care services are coming under increasing pressure to deliver timely and appropriate care to patients. The “Know who to turn to”(KWTT) campaign has focused on directing patients to the most appropriate route of care to manage their condition
- 2.2** A recent study in the British Journal of General Practice¹ detailing a project run in Greater Glasgow and Clyde compared the care pathway of patients with UTI symptoms attending GP services with those receiving management, including trimethoprim supply under PGD, via community pharmacies. The study concluded that, “*Operating within PGD controls, antibiotic treatments for UTIs could be provided via community pharmacy to improve patient access to treatment which may also maintain antibiotic stewardship and reduce GP workload*”.

3. Service aims

- 3.1** To provide timely and appropriate access to treatment for uncomplicated lower urinary infections in adult women, 16 years of age and over, and under the age of 65 years.
- 3.2** To provide triage and onward professional to professional referral of women with symptoms outside of the criteria for treatment of uncomplicated lower urinary infections in adult women as defined in the PGD.
- 3.3** To provide services with the appropriate assurances to antibiotic stewardship.

4. Service outline and standard

- 4.1** An uncomplicated UTI treatment service is available on the basis of assessment and locally agreed criteria.
- 4.2** The client's eligibility for UTI treatment will be assessed in accordance with national and local guidance.
- 4.3** The community pharmacy contractor will be responsible for the provision of advice (both written and verbal) to the patient as appropriate.
- 4.4** The community pharmacy contractor will be responsible for ensuring that a suitable consultation area is available to provide the service.
- 4.5** A three day course of trimethoprim will be available, as required, to any women who meet the inclusion criteria contained within the Patient Group Direction (PGD).
- 4.6** The community pharmacy contractor will be responsible for referring women who are excluded from treatment under the PGD to other service providers where appropriate, e.g. GP or OOHs.
- 4.7** The community pharmacy contractor will maintain patient medication records of the episodes of care.
- 4.8** The community pharmacy contractor will be responsible for the provision of a user-friendly, person-centred, non-judgemental and confidential service.
- 4.9** The part of the pharmacy used for provision of the service will provide a sufficient level of privacy and safety, ideally a private room or quiet area.
- 4.10** The Pharmacy Contractor will notify the patient's General Practitioner where they have supplied their patient with trimethoprim by means of a copy of the supply record form.
- 4.11** The community pharmacy contractor will display material within the pharmacy advertising the service.
- 4.12** The community pharmacy contractor will be responsible, where appropriate, for counselling the client on other related messages. Written information should also be available on these topics.

5. Training requirement

- 5.1** The community pharmacy contractor will ensure that staff involved in delivering the scheme, participate in a local training programme (including completion of the NES elearning Trimethoprim PGD resource) as identified by NHS Forth Valley in accordance with agreed local standards.
- 5.2** The community pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local guidelines.

6. Claims and Payment

- 6.1** Fees will be paid for the uncomplicated UTI treatment service as defined by NHS Forth Valley.
- 6.2** Payment for service provision shall be made on the submission of a fully completed NHS Forth Valley claim form. Information for audit and evaluation purposes may also be gathered and must be completed before any payment is made by NHS Forth Valley.
- 6.3** The Pharmacy Contractor will sign and complete and submit a claim form each month to the Primary Care Contracts Office.

7. Monitoring and evaluation

- 7.1** It is a requirement of the service that appropriate records are kept and maintained by the community pharmacy contractor to enable verification of service provision and training requirements and provide information to NHS Forth Valley for internal and external audit and evaluation purposes.
- 7.2** A standard operating procedure should be in place in the pharmacy and cover all aspects of service provision.

8. Pharmacy premises criteria

Community pharmacies providing an uncomplicated UTI treatment service must have a private, enclosed consultation area suitable within the community pharmacy.

Key requirements are:

- Chair(s)
- Wheelchair/disabled access
- Safe storage of documentation

Background information

- a) RPS Medicines, Ethics and Practice (current edition)
- b) NHS Forth Valley Data Protection and Confidentiality Policy for personal information
- c) NES Child Protection Distance Learning Resource Pack
- d) NHS Forth Valley Patient Group Direction for Trimethoprim to treat uncomplicated UTI

Reference

1. Antibiotic treatment of urinary tract infection by community pharmacists: a cross-sectional study. Booth, Jill L; Mullen, Alexander B; Thomson, David AM; Johnstone, Christopher; Galbraith, Susan J; Bryson, Scott M; McGovern, Elizabeth M. British Journal of General Practice, Volume 63, Number 609, April 2013, pp. e244-e249(6)

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