SOP - Community Pharmacy Urinary tract infection (UTI) service

**This SOP should be read by anyone assisting or delivering the UTI service.**

\*Disclaimer\* This SOP has been designed to be used in a working pharmacy environment, however, we recommend that the SOP is tailored to reflect processes in your pharmacy where appropriate. We take no responsibility or liability for its contents.

Aim of the scheme

**For the treatment of Simple Lower urinary tract infection (UTI) in non-pregnant women aged 16 years to 64 in the absence of current or recent fever (within past 48 hours)**

The overall aim of the scheme is to ensure that patients, where appropriate, can be referred to a pharmacy and consult with a pharmacist, can access self-care advice, or can be supplied with antibiotics for the treatment of uncomplicated urinary tract infections. This service is only available in women aged 16 years to 64 years if clinically indicated and who have no contraindications. This service is not available to Care Home patients.

Patient eligibility

This scheme is available to patients who are registered with a General Practitioner (GP), contracted to (Hertfordshire and West Essex (HWE) ICB.

Patients will be asked by the pharmacy to confirm their registration with the GP Practice, this also includes temporary registration, before any supply is made. Pharmacists are encouraged to use Summary Care Records (SCRs) to check the patient’s GP practice if there is uncertainty or where they need to check the practice, the PDS look up on PharmOutcomes can also support this.

Patients not registered with a GP practice as described above, should be advised appropriately and if antibiotic treatment or other Prescription Only Medicine (POM) is thought to be required, they should be signposted to an appropriate provider.

1. Preparation

**Check that your pharmacy can provide the service:**

* 1. You are providing all Essential services and meeting Clinical Governance requirements.
	2. Pharmacists can access the NHS Summary Care Record (SCR).
	3. All pharmacists have read the Service Specification.
	4. All relevant staff have read and signed this SOP.
	5. The registered healthcare professional authorised to operate under this PGD must have completed all relevant training as detailed in the service specification.
1. Process

You may recruit patients into the service via CPCS, via informal referrals from other providers, when a patient telephones the pharmacy or when a patient walks into the pharmacy.

1. **Recruit patient into the service.**
2. **If you speak to the patient on the telephone, determine patient’s need and, if appropriate, arrange a time for them to come to the pharmacy.**
3. **Consultation and consent:**
	1. Check patient’s eligibility.
	2. Introduce yourself and explain the service process, including any payments and obtain consent before providing the service. The consent process also clarifies that they are consenting not only to the service but also that the pharmacy team member will contact them in 5 days for a short follow-up conversation.
	3. The PharmOutcomes system will send a secure email to the patient’s GP to inform them that the patient has been seen and if there has been a supply made under a PGD so that the information can be added to the patient’s medical record. Where a secure email address is not available for a practice the PharmOutcomes system will inform the pharmacy that they have to inform the practice using a different, secure method within 2 working days.
4. **Assess the patient’s needs:**
	1. Establish the patient’s history and duration of symptoms.
	2. The pharmacist must be familiar with the PGDs and urinary diagnosis protocol involved in this service and where a dipstick is required, how to interpret the result.
	3. The pharmacist must carry out a professional consultation with reference to the appropriate PGDs.
	4. Follow- Up – Deferred Antibiotic treatment
		1. The pharmacist may advise deferred antibiotic treatment; in this case they would save the consultation i.e. partial save. If the patient returns for a supply, the record can be reopened and completed. If the patient does not return within five days the consultation will need to be completed and closed to claim payment. The final data will only be completed on PharmOutcomes when the consultation has been fully completed.
		2. If the patient agrees to defer treatment the pharmacist should determine that they could be treated under the service PGDs if they do return. If they are excluded from a PGD supply, they should be advised to see their GP if they need treatment after waiting the agreed timescale recommended in the deferment conversation.
	5. 5 day follow- up
		1. The patient must be made aware that in order to access the service they must agree to having a follow up conversation with a trained pharmacy team member 5 days after the initial consultation or deferred supply, as above. The pharmacist should ask for an appropriate contact number and organise a time to make this follow up call at the initial consultation.
		2. The follow up should be recorded onto PharmOutcomes as soon as possible after the conversation has taken place and in all cases in 2 working days.
		3. A trained pharmacy team member is required to try to contact the patient 3 times at different times of the day. If an answer phone message is left for the patient asking them to call back it is acceptable to make only two attempts to call. If after 3 attempts, or two as above, they have been unable to contact the patient, they are able to record this as “Lost to follow up” within the PharmOutcomes 5-day follow-up module and this will then generate payment of the follow up fee
	6. Urgent referral to a GP or other Healthcare professional.
		1. In a situation where a patient presents with a symptom(s) that requires referral to their GP or other healthcare professional (urgent or otherwise), the pharmacist must escalate as per their normal processes. This information will also need to be recorded within PharmOutcomes.
		2. If the patients GP practice is closed and/or the symptoms are sufficiently severe to warrant a referral to a doctor, the patient must be advised to contact 111 or attend A&E immediately if required. If the symptoms appear life threatening the pharmacist must dial 999 and provide the responders with any relevant information.
5. **Record keeping and labelling requirements**
	1. A record of every consultation with or without PGD supply, any deferred treatment supplies and all follow-ups must be made on PharmOutcomes.
	2. If, after completing the patient examination, the pharmacist considers that no treatment is required they should give the patient appropriate advice and record on PharmOutcomes that they have done so.
	3. If the pharmacist considers that the most appropriate treatment for the patient is advice and supply of an OTC medication, they should record the consultation on PharmOutcomes and select the correct consultation outcome from the drop-down list in the module. The patient will be expected to pay for the OTC medication provided.
	4. If the pharmacist considers that the most appropriate treatment for the patient is advice and supply of an antibiotic, they should record the consultation on PharmOutcomes. A checklist of exclusion and inclusion criteria relating to the PGDs for UTIs must be completed. Patients should pay a prescription charge for the supply of the antibiotic if they are not exempt from prescriptions charges usually.
	5. If the pharmacist considers that the most appropriate treatment for the patient is advice with a deferred antibiotic supply, they should record the consultation on PharmOutcomes and partially save the record. The final part of the PGD questions, which relate to the actual supply of the antibiotic, would not be completed until the patient returns after the appropriate waiting period to collect their antibiotic and then recorded on PharmOutcomes.
	6. For some patients it may be appropriate to give them advice and recommend an OTC product as well as to supply an antibiotic (either on first consultation or a deferred supply). The patient will be expected to pay for the OTC medication provided.
	7. A record of any medication supplied as part of the Community Pharmacy UTI service should be documented in the Patients Medication Record (PMR) on the pharmacy IT system.
	8. All records should be kept in line with [national guidance](https://transform.england.nhs.uk/information-governance/guidance/records-management-code/). This includes individual data, master copies of the PGD and lists of authorised practitioners.
6. **Incident reporting, complaints, quality, and monitoring**

All incidents relating to the service should be recorded as part of the pharmacy’s clinical governance procedures and reported to the commissioner. Pharmacies will be expected to follow their normal or company process for complaints in accordance with NHS policy. Where issues arise relating to a patient complaint, they should be reported to the commissioner at hvccg.pmot1@nhs.net. The pharmacy would be expected to review their service provision so that improvements can be made following significant events or errors.

Hertfordshire and West Essex (HWE) ICB will undertake regular audits of the service.

1. Claiming
2. **The pharmacy will be paid according to the following schedule:**
	1. Activity payments will be made when clients have been seen and the consultation +/- the 5-day follow-up entered onto the PharmOutcomes system and submitted – regardless of whether any medication was supplied.
	2. Claims should be submitted by the 5th day of the month, for the previous month’s claims. Payment will be received 30 days after the submission.

**The following staff has read and understood the contents of this SOP and have signed to accept it as working practice.**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **POSITION** | **SIGNATURE** | **DATE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |