



Hertfordshire and
West Essex Integrated
Care System



Hertfordshire and
West Essex
Integrated Care Board

Community Pharmacy service for Treatment of Simple Lower urinary tract infection (UTI) in non-pregnant women aged 16 years to 64

Monday 20th November

7.30pm – 8.30pm

Contact: HWE ICB Pharmacy and Medicines
Optimisation Team
hweicbhv.medicinesoptimisationteam@nhs.net

Working together
for a healthier future



Agenda

- Welcome and Introductions
- HWE ICB UTI PGD Overview - Janet Weir, HWE ICB
- Urinary Tract Infections and Antimicrobial Stewardship – Janet Weir, HWE ICB
- PharmOutcomes – Helen Musson, Chief Officer, Community Pharmacy Hertfordshire
- Round Up and Questions - ALL



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Aims of the HWE ICB UTI PGD Service

- To improve patient's access to advice and appropriate treatment via community pharmacy
- To reduce GP and NHS 111 acute appointment workload
- To educate patients to seek advice and treatment from the most appropriate healthcare setting
- To promote the role of the pharmacist and self-care
- To reduce requests for inappropriate supplies of antibiotics
- To improve working relationships between doctors and pharmacists



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UTI Service Extension Overview

- Available to **non-pregnant female patients aged 16- 64 years in the absence of current or recent fever (48 hours)** registered (including temporary registration) with a GP contracted to HWE ICB
- Following successful pilot in Hertsmere and Dacorum localities, UTI PGD service is being extended to the whole of HWE ICB. Local service will run until national Pharmacy First UTI service implemented.
- If considered clinically appropriate and no contraindications, pharmacists will be able to supply prescription only medications (Nitrofurantoin/Trimethoprim) under the terms of a PGD
- Consultation is free
- Patients may be advised to purchase OTC products as per NHS guidelines
- Usual prescription charges apply when an antibiotic is supplied
- Where a pharmacist sees a patient and considers that treatment is required but they are excluded from the PGD based inclusion and exclusion criteria, the pharmacist will make an onward referral e.g. GP or 111 or signpost as appropriate e.g. accident & emergency



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How can patients access the UTI PGD Service?

- CPCS referral from a GP
- CPCS referral from NHS 111
- Walk-in self-referrals
- Signposted from another pharmacy not participating in the UTI PGD service:
 - A list of community pharmacies participating in the UTI PGD service will be made available.



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Training and Competency

- [NICE Competency Framework for health professionals using patient group directions](#)
- [PHE Diagnosis of urinary tract infections Quick reference tool for primary care for consultation and local adaptation](#)
- [NICE guideline \[NG109\] Urinary tract infection \(lower\): antimicrobial prescribing Published: 31 October 2018](#)
- [RCGP eLearning Urinary Tract Infections](#)
- [NHS Guidance on OTC Products](#)
- Safeguarding Vulnerable Adults [HEE elfh Hub \(e-lfh.org.uk\)](http://e-lfh.org.uk)
- [Declaration of Competence \(DoC\) for Minor Ailments](#) (UTI = Level 2 Minor Ailments Service) completed on CPPE website
- Confirmation that all training and competency requirements are met will be required at Enrolment on PharmOutcomes.

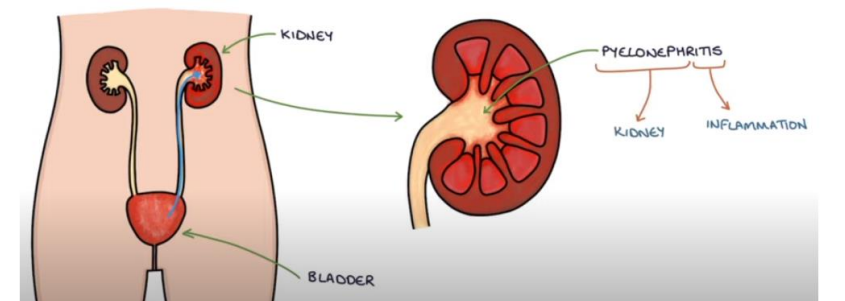
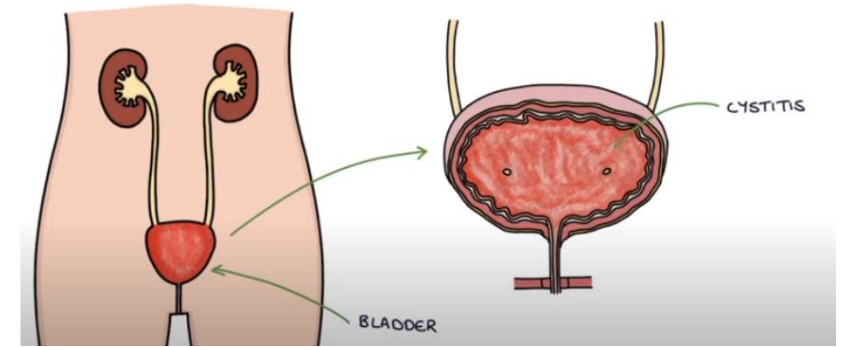


Lower Urinary Tract Infections

July 2023

Lower UTI

- Infection in the bladder, causing cystitis (inflammation of the bladder).
- Can spread up to the kidneys and cause pyelonephritis.
- More common in women, where the urethra is much shorter
- Primary source of bacteria is from the faeces. Short journey to the urethral opening from the anus
- Sexual activity, incontinence or poor hygiene can also contribute
- Urinary catheters are a key source of infection, and catheter-associated urinary tract infections tend to be more significant and challenging to treat.



Presentation

Dysuria (pain, stinging or burning when passing urine)

Suprapubic pain or discomfort

Frequency

Urgency

Incontinence

Haematuria

Cloudy or foul smelling urine

Confusion is commonly the only symptom in older and frail patients

PGD inclusion criteria

	CHOICE.
Criteria for inclusion	<ul style="list-style-type: none">• Informed consent• Non pregnant females aged 16 years to 64 years• Signs and symptoms and diagnosis of UTI using the appropriate Public Health England Urinary tract infection: diagnostic tools for primary care including the use of dipsticks where this is identified in the guidance• No nitrofurantoin use in the past 3 months

Notable PGD exclusion criteria (not exhaustive)

Criteria for exclusion	<ul style="list-style-type: none">• Individuals aged 65 years or over or 15 years and younger• Males• Pregnancy or suspected pregnancy• Current breastfeeding• Immunocompromised individuals• Any individual identified with symptoms of severe/life-threatening infection or systemic sepsis using NEWS2 should be referred urgently via ambulance• Recurrent UTI (>2 in 6 months, >3 in 12 months) – requires urine culture• Treatment for UTI with any antimicrobial in the past 3 months.• Known previous nitrofurantoin resistant UTI (recorded in accessible information e.g. SCR, clinical record if available) OR known previously resistant UTI to any antibiotic self-reported by the individual <u>where</u> records not available.• Individuals currently using urinary catheter devices including indwelling urethral catheters, supra-pubic <u>catheters</u> or intermittent self-catheterisation• Care home resident
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Documents



[Diagnosis of urinary tract infections: quick reference guide for primary care](#)

Ref: PHE publications gateway number: GW-1263
PDF, 1.19 MB, 78 pages

This file may not be suitable for users of assistive technology.

▶ [Request an accessible format.](#)



[Diagnosis of urinary tract infections: quick reference guide for primary care](#)

Ref: PHE publications gateway number: GW-1263
MS Word Document, 1.75 MB

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Related content

[Primary care guidance: diagnosing and managing infections](#)

[Helicobacter pylori in dyspepsia: test and treat](#)

[Fungal skin and nail infections: diagnosis and laboratory investigation guide for primary care](#)

[Fungal infections](#)

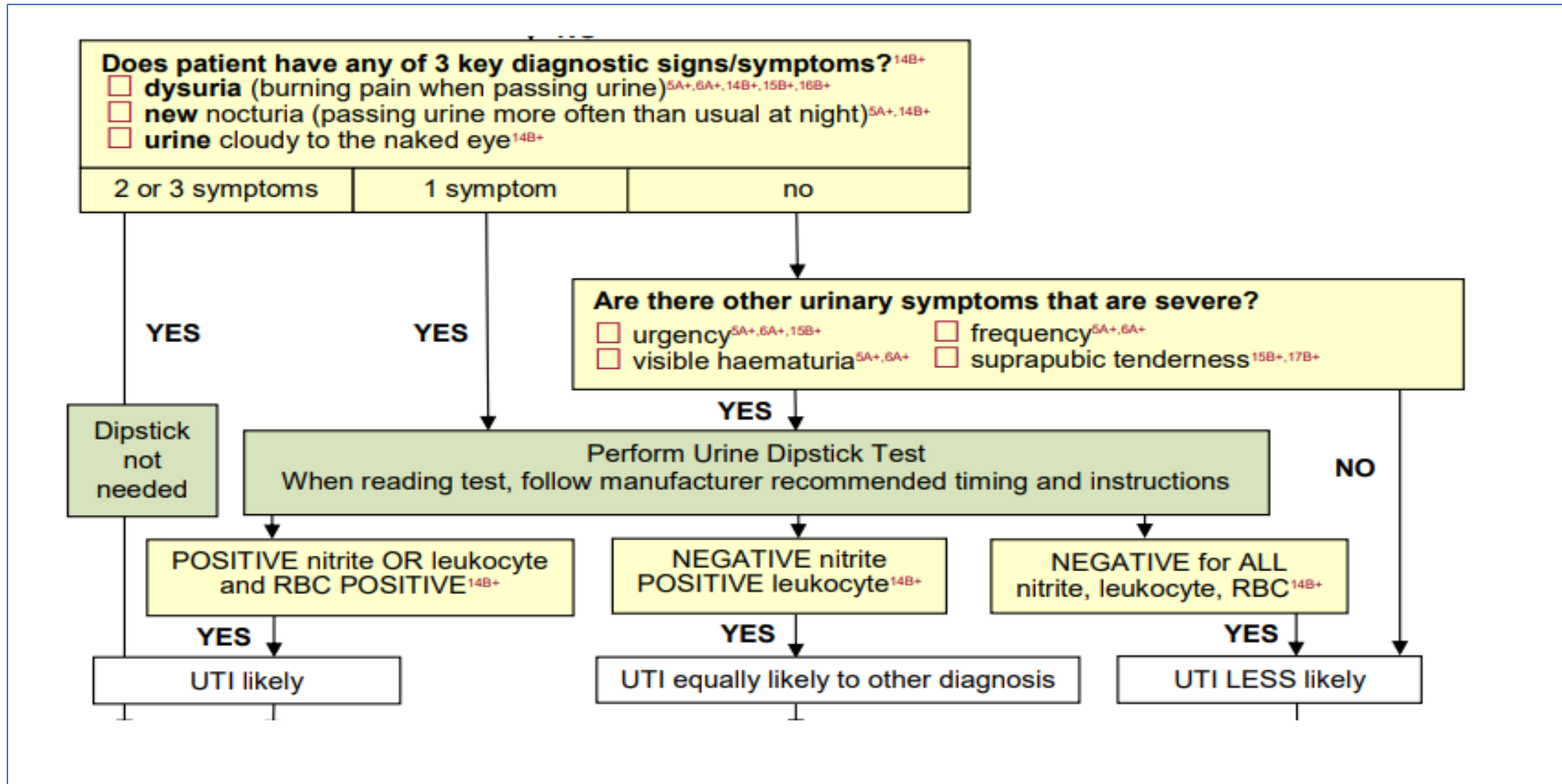
[Shiga toxin-producing Escherichia coli: guidance, data and analysis](#)

Collection

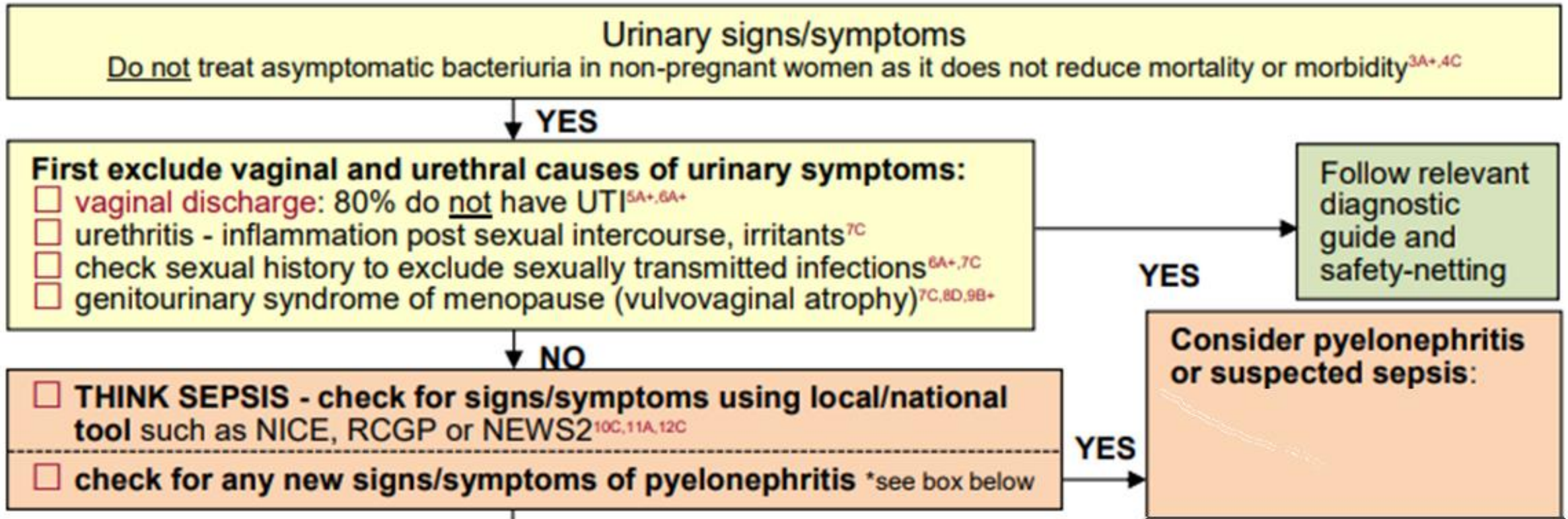
[Escherichia coli \(E. coli\): guidance, data and analysis](#)

[Primary care guidance: diagnosing and managing infections](#)

Inclusion



Exclusion



Sepsis risk stratification tool: people aged 18 years and over out of hospital

High risk criteria

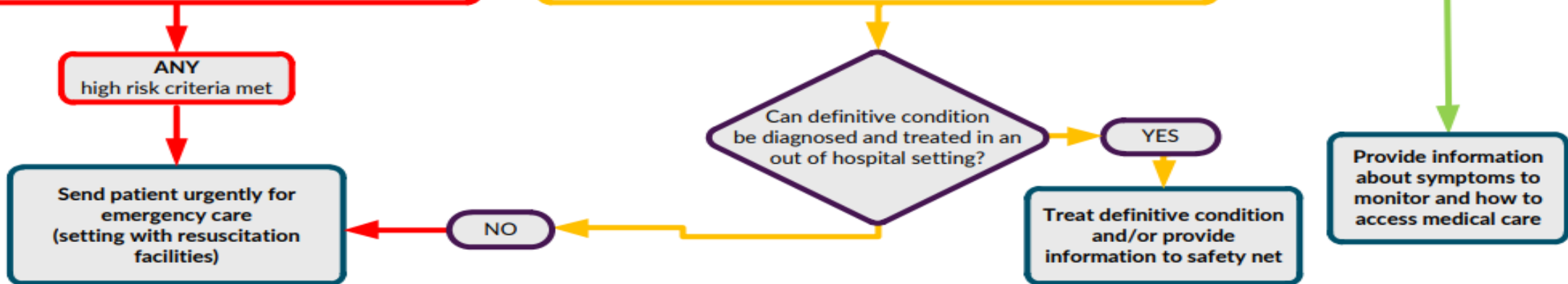
- Behaviour:
 - objective evidence of altered behaviour or mental state
- Respiratory rate:
 - 25 breaths per minute or more **OR**
 - new need for 40% oxygen or more to maintain saturation more than 92% (or more than 88% in known chronic obstructive pulmonary disease)
- Heart rate:
 - more than 130 beats per minute
- Systolic blood pressure:
 - 90 mmHg or less **OR**
 - more than 40 mmHg below normal
- Not passed urine in previous 18 hours, or for catheterised patients passed less than 0.5 ml/kg of urine per hour
- Mottled or ashen appearance
- Cyanosis of skin, lips or tongue
- Non-blanching rash of skin

Moderate to high risk criteria

- Behaviour:
 - history from patient, friend or relative of new-onset altered behaviour or mental state
 - history of acute deterioration of functional ability
- Impaired immune system
- Trauma, surgery or invasive procedures in the last 6 weeks
- Respiratory rate:
 - 21–24 breaths per minute
- Heart rate:
 - 91–130 beats per minute
 - for pregnant women: 100–130 beats per minute
- New-onset arrhythmia
- Systolic blood pressure 91–100 mmHg
- Not passed urine in the past 12–18 hours, or for catheterised patients passed 0.5–1 ml/kg of urine per hour
- Tympanic temperature less than 36°C
- Signs of potential infection:
 - redness
 - swelling or discharge at surgical site
 - breakdown of wound

Low risk criteria

- Normal behaviour
- No high risk or moderate to high risk criteria met



Suspected sepsis National Early Warning Score (NEWS)

- NEWS is based on a simple aggregate scoring system of 6 physiological parameters form the basis of the scoring system:
- Respiration rate
- Oxygen saturation
- Systolic blood pressure
- Pulse rate
- Level of consciousness or new confusion*
- Temperature

*The patient has *new-onset* confusion, disorientation and/or agitation, where previously their mental state was normal – this may be subtle.

Suspected sepsis - NEWS

Chart 2: NEWS thresholds and triggers

NEWS score	Clinical risk
Aggregate score 0–4	Low
Red score Score of 3 in any individual parameter	Low–medium
Aggregate score 5–6	Medium
Aggregate score 7 or more	High

Suspected sepsis – Clinical Judgement

**NO AMBER FLAGS : ROUTINE CARE
AND GIVE SAFETY-NETTING ADVICE:**

**CALL 111 IF CONDITION CHANGES OR DETERIORATES.
SIGNPOST TO AVAILABLE RESOURCES AS APPROPRIATE**

**CALL
999 IF
ANY
OF:**

**Slurred speech or confusion
Extreme shivering or muscle pain
Passing no urine (in a day)
Severe breathlessness
'I feel I might die'
Skin mottled, ashen, blue or very pale**

Nitrofurantoin vs Trimethoprim

- Nitrofurantoin first line (E.coli resistance < 4% vs > 30% for trimethoprim)

PGD Supply of Nitrofurantoin capsules/tablets for the treatment of Urinary Tract Infection (UTI):

First line treatment in Antibiotic treatment clinically indicated

Nitrofurantoin MR 100mg capsules TWICE a day for 3 days. Supply 6x100mg MR capsules.



Second line treatment if Nitrofurantoin MR capsules are not available

Nitrofurantoin 50mg tablets FOUR times a day for 3 days. Supply 12x50mg tablets.



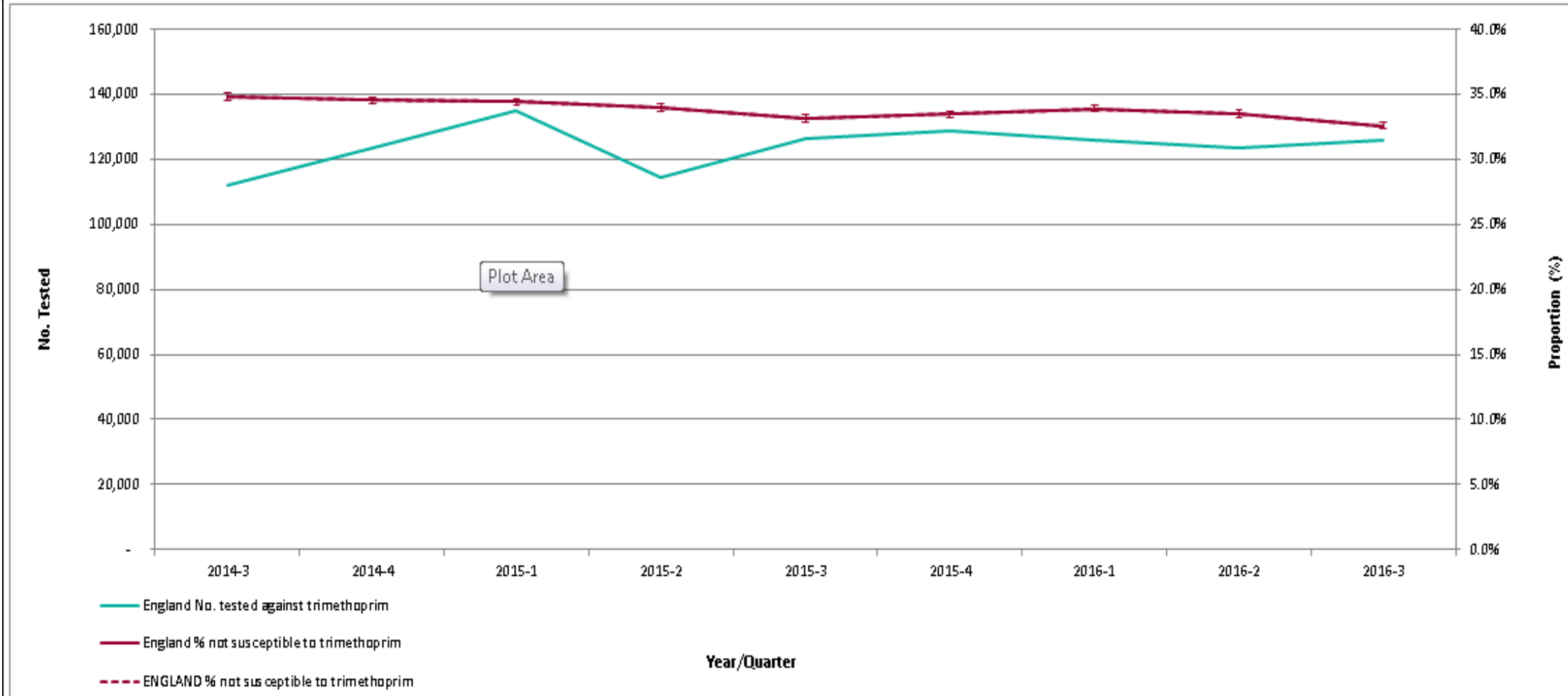
PGD Supply of Trimethoprim tablets for the treatment of Urinary Tract Infection (UTI):

Third line treatment if Nitrofurantoin not clinically appropriate

Trimethoprim 200mg tablets TWICE a day for 3 days. Supply 6x200mg tablets.

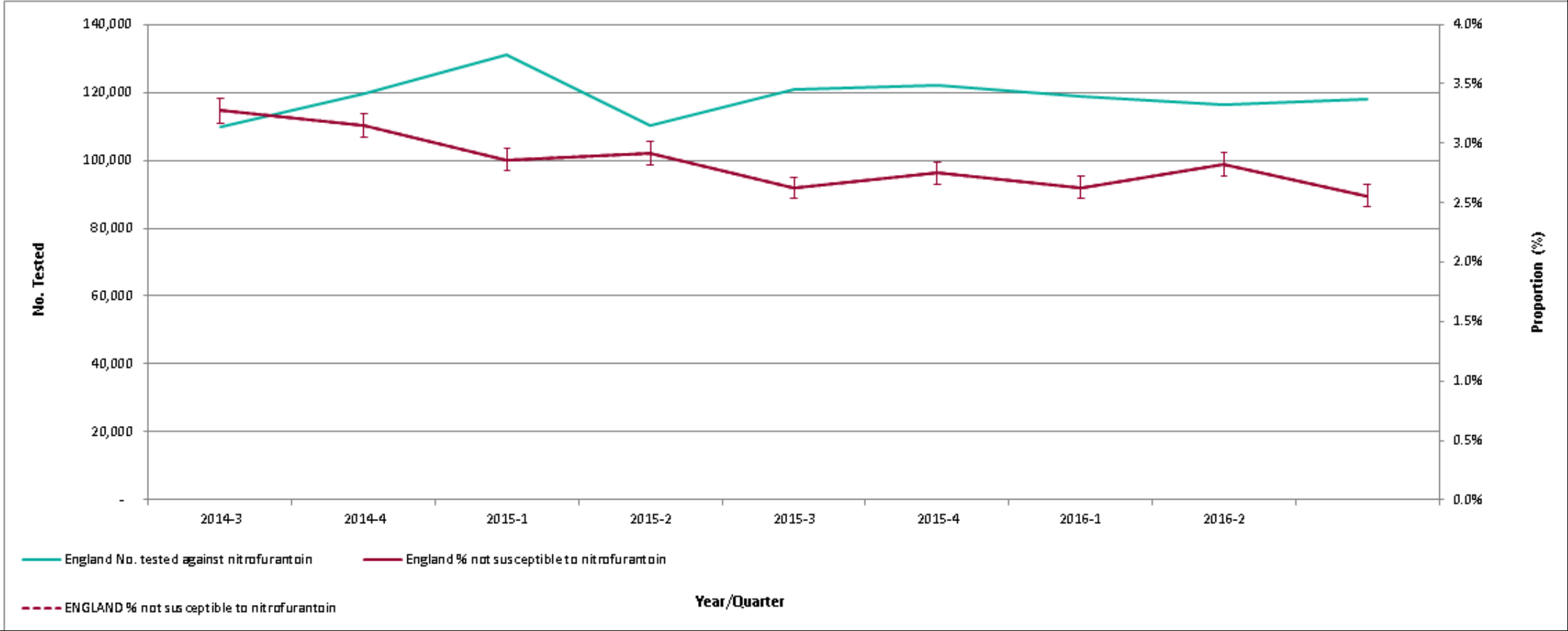
Trimethoprim resistance > 30%

Chart A: Percentage non-susceptible and numbers tested by PHE Centre and England (community isolates only)



Nitrofurantoin resistance < 4%

Chart A: Percentage non-susceptible and numbers tested by PHE Centre and England (community isolates only)

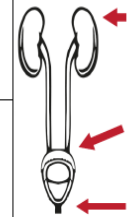


Delayed abx therapy UTI

- Analysis of which 975 patients in primary care
- 50% of respondents were aware of the possible self-limiting course of UTIs and 70% would be willing to accept delayed antibiotic treatment, even if a certain diagnosis of UTI was established
- Uncomplicated lower UTIs can be self-limiting and deferring antibiotic treatment for 48 hours to see if symptoms resolve, may be an option.
- **In the case of a deferred supply, contact should be made 5 days after supply**

TREATING YOUR INFECTION – URINARY TRACT INFECTION (UTI) **NHS**

For women under 65 years with suspected lower urinary tract infections (UTIs) or lower recurrent UTIs (cystitis or urethritis)

Possible urinary signs & symptoms	The outcome	Recommended care	Types of urinary tract infection (UTI)
<p>Key signs/symptoms:</p> <p>Dysuria: Burning pain when passing urine (wee) New nocturia: Needing to pass urine in the night Cloudy urine: Visible cloudy colour when passing urine</p> <p>Other severe signs/symptoms:</p> <p>Frequency: Passing urine more often than usual Urgency: Feeling the need to pass urine immediately Haematuria: Blood in your urine Suprapubic pain: Pain in your lower tummy</p> <p>Other things to consider:</p> <p>Recent sexual history</p> <ul style="list-style-type: none"> • Inflammation due to sexual activity can feel similar to the symptoms of a UTI • Some sexually transmitted infections (STIs) can have symptoms similar to those of a UTI <p>Changes during menopause</p> <ul style="list-style-type: none"> • Some changes during the menopause can have symptoms similar to those of a UTI 	<p>Non-pregnant women:</p> <p><input type="checkbox"/> If none or only one of: dysuria, new nocturia, cloudy urine; AND/OR vaginal discharge</p> <ul style="list-style-type: none"> • UTI much less likely • You may need a urine test to check for a UTI • Antibiotics less likely to help • Usually lasts 5 to 7 days <p><input type="checkbox"/> If 2 or more of: dysuria, new nocturia, cloudy urine; OR bacteria detected in urine; AND NO vaginal discharge</p> <ul style="list-style-type: none"> • UTI more likely; antibiotics should help • You should start to improve within 48 hours • Symptoms usually last 3 days <p>Pregnant women: Always request urine culture</p> <p><input type="checkbox"/> If suspected UTI</p>	<p><input type="checkbox"/> Self-care and pain relief.</p> <ul style="list-style-type: none"> • Symptoms may get better on their own <p><input type="checkbox"/> Delayed or backup prescription with self-care and pain relief</p> <p>Start antibiotics if symptoms:</p> <ul style="list-style-type: none"> • Get worse • Do not get a little better with self-care within 48 hours <p><input type="checkbox"/> Immediate antibiotic prescription plus self-care</p> <p><input type="checkbox"/> If mild symptoms, delayed or back-up antibiotic prescription plus self-care</p> <p><input type="checkbox"/> Immediate antibiotic prescription plus self-care</p>	<p>UTIs are caused by bacteria getting into your urethra or bladder, usually from your gut. Infections may occur in different parts of the urinary tract.</p>  <ul style="list-style-type: none"> • Kidneys (make urine) Infection in the upper urinary tract • Pyelonephritis (pie-lo-nef-right-is). Not covered in this leaflet and always needs antibiotics • Bladder (stores urine) Infection in the lower urinary tract • Cystitis (sis-tight-is). • Urethra (takes urine out of the body) Infection or inflammation in the urethra • Urethritis (your-ith-right-is)
<p>Self-care to help yourself get better more quickly</p> <ul style="list-style-type: none"> • Drink enough fluids to stop you feeling thirsty. Aim to drink 6 to 8 glasses including water, decaffeinated and sugar-free drinks • Take paracetamol or ibuprofen at regular intervals for pain relief, if you have had no previous side effects • There is currently no evidence to support taking cranberry products or cystitis sachets to improve your symptoms • Consider the risk factors in the 'Options to help prevent UTI' column to reduce future UTIs 	<p>When should you get help? Contact your GP practice or contact NHS</p> <p>The following symptoms are possible signs of serious infection and should be assessed urgently</p> <p>Phone for advice if you are not sure how urgent the symptoms are</p> <ol style="list-style-type: none"> 1. You have shivering, chills and muscle pain 2. You feel confused, or are very drowsy 3. You have not passed urine all day 4. You are vomiting 5. You see blood in your urine 6. Your temperature is above 38°C or less than 36°C 7. You have kidney pain in your back just under the ribs 8. Your symptoms get worse 9. Your symptoms are not starting to improve within 48 hours of taking antibiotics 	<p>Options to help prevent a UTI</p> <p>It may help you to consider these risk factors:</p> <p>Stop bacteria spreading from your bowel into your bladder. Wipe from front (vagina) to back (bottom) after using the toilet.</p> <p>Avoid waiting to pass urine. Pass urine as soon as you need a wee.</p> <p>Go for a wee after having sex to flush out any bacteria that may be near the opening to the urethra.</p> <p>Wash the external vagina area with water before and after sex to wash away any bacteria that may be near the opening to the urethra.</p> <p>Drink enough fluids to make sure you wee regularly throughout the day, especially during hot weather.</p> <p>If you have a recurrent UTI, the following may help</p> <ul style="list-style-type: none"> • Cranberry products and D-mannose: There is some evidence to say that these work to help prevent recurrent UTI • After the menopause: Topical hormonal treatment may help, for example, vaginal creams. • Antibiotics at night or after sex may be considered 	<p>Antibiotic resistance</p> <p>Antibiotics can be lifesaving. But antibiotics are not always needed for urinary symptoms.</p> <p>Antibiotics taken by mouth, for any reason, affect our gut bacteria making some resistant.</p> <p>Antibiotic resistance means that the antibiotics cannot kill that bacteria.</p> <p>Antibiotic resistant bacteria can remain in your gut for at least a year after taking an antibiotic.</p> <p>Common side effects to taking antibiotics include thrush, rashes, vomiting and diarrhoea. Seek medical advice if you are worried.</p> <p>Keep antibiotics working; only take them when advised by a health professional. This way they are more likely to work for a future UTI.</p>

Keep Antibiotics Working

TREATING YOUR INFECTION – URINARY TRACT INFECTION (UTI)

For women under 65 years with suspected lower urinary tract infections (UTIs) or lower recurrent UTIs

Possible urinary signs & symptoms	Recommended care	Outcome and plan can be personalised
<p>Key signs/symptoms: Dysuria: Burning pain when passing urine (wee) New nocturia: Needing to pass urine in the night Cloudy urine: Visible cloudy colour when passing urine</p> <p>Other severe signs/symptoms: Frequency: Passing urine more often than usual Urgency: Feeling the need to pass urine immediately Haematuria: Blood in your urine Suprapubic pain: Pain in your lower tummy</p> <p>Other things to consider: Recent sexual history</p> <ul style="list-style-type: none"> Inflammation due to sexual activity can feel similar to the symptoms of a UTI Some sexually transmitted infections (STIs) can have symptoms similar to those of a UTI <p>Changes during menopause</p> <ul style="list-style-type: none"> Some changes during the menopause can have symptoms similar to those of a UTI 	<p>Self-care and pain relief. <input type="checkbox"/> Symptoms may get better on their own <input type="checkbox"/> Delayed or backup prescription with self-care and pain relief Start antibiotics if symptoms: <ul style="list-style-type: none"> Get worse Do not get a little better with self-care within 48 hours </p> <p>Immediate antibiotic prescription plus self-care <input type="checkbox"/> If mild symptoms, back-up self-care plus self-care</p> <p>Immediate self-care <input type="checkbox"/> If suspected UTI</p>	<p>Kidneys (make urine) Infection in the upper urinary tract <ul style="list-style-type: none"> Pyelonephritis (pie-lo-nef-right-is). Not covered in this leaflet and always needs antibiotics </p> <p>Bladder (stores urine) Infection in the lower urinary tract Cystitis (sis-tight-is).</p> <p>Urethra (takes urine out of the body) Infection or inflammation of the urethra <ul style="list-style-type: none"> Urethritis (your-ith-right-is) </p>

Possible urinary symptoms & other things for GP & patient to consider

Picture helps patients understand cause

Self-care to help yourself get better more quickly	When should you get help? Contact your GP practice or contact NHS	Options to help prevent a UTI	How to prevent UTIs
<ul style="list-style-type: none"> Drink enough fluids to stop you feeling thirsty. Aim to drink 6 to 8 glasses including water, decaffeinated and sugar-free drinks Take paracetamol or ibuprofen at regular intervals for pain relief, if you have had no previous side effects There is currently no evidence to support taking cranberry products or cystitis sachets to improve your symptoms Consider the risk factors in the 'Options to help prevent UTI' column to reduce future UTIs 	<p>The following symptoms are possible signs of serious infection and should be assessed urgently</p> <p>Phone for advice if you are not sure how urgent the symptoms are</p> <ol style="list-style-type: none"> You have shivering, chills and muscle pain You feel confused, or are very drowsy You have not passed urine all day You are vomiting You see blood in your urine Your temperature is above 38°C or less than 36°C You have kidney pain in your back just under the ribs Your symptoms get worse Your symptoms are not starting to improve within 48 hours of taking antibiotics 	<p>It may help you to consider these risk factors:</p> <ul style="list-style-type: none"> Wiping from your bowel into your bladder. Wipe back (bottom) after using the toilet. Pass urine as soon as you need a toilet. Sex to flush out any bacteria that may be in the urethra. Wash with water before and after sex to reduce the risk of bacteria getting into the urethra. <p>If you have a recurrent UTI, the following options may help:</p> <ul style="list-style-type: none"> Cranberry products and D-mannose: There is some evidence to say that these work. After the menopause: Topical oestrogen, for example, vaginal creams. Antibiotics at night or after sex 	<p>Antibiotic resistance means that the antibiotics cannot kill that bacteria.</p> <p>Antibiotic resistant bacteria can remain in your system for up to a year after taking an antibiotic.</p> <p>Common side effects to taking antibiotics include thrush, rashes, vomiting and diarrhoea. Seek medical advice if you are worried.</p> <p>Keep antibiotics working; only take them when advised by a health professional. This way they are more likely to work for a future UTI.</p>

Self-care & safety netting advice

Flow chart helps patient understand antibiotics and resistance

Summary

- THREE key diagnostic criteria for UTI
- Consider exclusion criteria - Complex, other diagnosis, sepsis
- Sepsis is a medical emergency
- Nitrofurantoin first line - relatively low resistance
- Antimicrobial stewardship – Deferred treatment, TARGET leaflets

Chart 1: The NEWS scoring system

Physiological parameter	Score						
	3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO ₂ Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO ₂ Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

UTI PGDs

PGD Supply of Nitrofurantoin capsules/tablets for the treatment of Urinary Tract Infection (UTI)

OR

PGD Supply of Trimethoprim tablets for the treatment of Urinary Tract Infection (UTI)



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Exclusions

- There are many, please refer to PGDs for complete list
- Some are common to both Nitrofurantoin and Trimethoprim e.g. outside age range, male at birth, pregnant or breastfeeding, immunocompromised, severe disease suspected, hypersensitivity, known resistance, on prophylactic antibiotics, failed treatment or this episode of UTI, recurrent UTI (>2 in 6m or > 3 in 12m)
- Excludes care home residents, catheter users, foreign hospital stay in last 3 months, greater than 7 day admission in UK hospital in last 6m
- Suspected malignancy (weight loss, unexplained bleeding, persistent or frequent abdominal pain, new lumps)



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Cautions

Nitrofurantoin	Trimethoprim
Nitrofurantoin should be used with caution in individuals with pulmonary disease, hepatic dysfunction, neurological disorders, and allergic conditions as these may be adverse effects of nitrofurantoin. Advise of relevant adverse effects and to seek medical advice if adverse reactions occur.	Individuals concurrently taking warfarin and other coumarins . Individual must be advised to contact the provider of their anticoagulant service to discuss the timing of their next monitoring.
Visible haematuria – treat for UTI but inform individual/their carer to see clinician if haematuria continues after treatment	

[Nitrofurantoin: reminder of the risks of pulmonary and hepatic adverse drug reactions](#)



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To dip or not to dip

- Use of urine dip stick **IS NOT** routine, should only be carried out if [considered clinically necessary](#) by the pharmacist
- Can help improve diagnostic certainty if
 - Only 1 [diagnostic symptom](#)
 - dysuria (burning pain when passing urine)
 - new nocturia (passing urine more often than usual at night)
 - urine cloudy to the naked eye

OR

- Absence of diagnostic symptoms + any [severe urinary symptom](#)
 - urgency
 - frequency
 - visible haematuria
 - suprapubic tenderness



Performing a Urine Dipstick test



[CLICK to watch Dipstick Training Video](#)



TESTS AND READING TIME

LEU	LEUKOCYTES	NEGATIVE	TRACE				SMALL +	MODERATE ++	LARGE +++	
	2 minutes									
NIT	NITRITE	NEGATIVE	POSITIVE (any degree of uniform pink color)							
	60 seconds									
URO	UROBILINOGEN	NORMAL		mg/dL URINE (1 mg = approx. 1 EU)						
	60 seconds	0.2	1	2	4	8				
PRO	PROTEIN	NEGATIVE	TRACE	mg/dL						
	60 seconds			30 +	100 ++	300 +++	2000 or more ++++			
pH	pH	5.0	6.0	6.5	7.0	7.5	8.0	8.5		
	60 seconds									
BLO	BLOOD	NEGATIVE	NON-HEMOLYZED TRACE	NON-HEMOLYZED MODERATE	HEMOLYZED TRACE	SMALL +	MODERATE ++	LARGE +++		
	60 seconds									
SG	SPECIFIC GRAVITY	1.000	1.005	1.010	1.015	1.020	1.025	1.030		
	45 seconds									

NEGATIVE

POSITIVE

- CHECK shelf life and expiry dates & visually inspect before using dipstick
- Always follow the manufacturers recommended reading times and instructions
- Format and parameters are consistent across manufacturers
- Dipstick Test will focus on Nitrates, Leukocytes and Blood
- Supply patients with a urine collection pot and ask them to return with sample (white top, no Boric Acid)
- Urine for urinalysis however can be collected at any time
- [NHS: How should I collect and store a urine sample](#)
- Consumables : urine sample pots, urine dip sticks, aprons, gloves, hand cleanser and paper towels

Deferred Antibiotic Treatment

- In agreement with the individual, the clinician can recommend deferring antibiotic treatment and agree a timescale for review
- Any patient excluded from the UTI PGD service should be advised to see their GP if they need treatment after waiting the agreed amount of time
- If after waiting the appropriate amount of time, usually 48 hours, the clinician can then make a supply under the PGD if clinically appropriate
- The clinician can refer to the original consultation but must fully REASSESS the individual for suitability for treatment and decision to supply
- The number of individuals returning for deferred treatment will be monitored



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Urgent Referral

- Where a patient presents with symptoms requiring referral to their GP or other health care professional the pharmacist must escalate as per normal processes
 - Refer urgently to GP practice or out of hours via NHS 111 as appropriate if:
 - individual immunocompromised
 - fever present or systemically unwell and/or symptoms of upper UTI or pyelonephritis
- All reasonable attempts should be made to contact the GP practice or 111 to arrange an appointment*
- The patient must be made aware that:
 - referral does not guarantee an instant GP appointment
 - that they need to seek healthcare support as a priority
 - If the GP practice is closed and/or symptoms are severe, advise the patient to contact 111 or attend A&E immediately e.g. sepsis suspected
 - If symptoms appear life threatening call 999



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5 Day Follow Up

- The pharmacist must complete one consultation & follow-up record for every patient **regardless of whether a supply was made**:
- Consent requires the patient to agree to **1)** initial UTI PGD service with pharmacist and **2)** short follow-up conversation at 5 days with a trained staff member (if deferred treatment, follow up will be 5 days after actual supply); **preferred contact number and times to call** should be recorded on the consultation record
- Must be 3 attempts at different times including evening, weekends depending on opening hours - if an answer phone message is left asking patient to call back 2 attempts will be acceptable. However, it's unacceptable to ring 3 times within a very short period e.g. half an hour and record as "Lost to Follow Up" if no response obtained.
- Recording "Lost to follow up" will generate the follow up fee but this is expected to be the exception and volume of failed follow up will be audited



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PGD documentation and retention

	Clinical Records	Staff Authorisation Records	Final Versions of PGD
ADULT	8 years after the last entry	Kept for 8 years after expiry of PGD	Kept for 8 years after expiry of PGD
CHILDREN	Kept until the child's 25th birthday (or 26th birthday if the child was 17 when treatment ended) or for eight years after a child's death.	Kept for 25 years after expiry of PGD	Kept for 25 years after expiry of PGD



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Activity payments

Consultation & Consumables

- Referral via CPCS £6 (in addition to £14 CPCS consultation fee).
- Self-referral to community pharmacy will be paid at £20 for the initial consultation.
- The fee includes consumables, labelling medication, on-costs, sample bottles and UTI test strips.

Follow up

- Fee for follow up appointment at 5 days for each patient - £5.00

Medication

- Cost of the medicines at drug tariff cost price + VAT (where applicable) for the month that it was dispensed. No other expenses are chargeable - included in the consultation fee (e.g. broken bulk)

Annual payment for competency training and clinical waste

- Payment of £90 per contracted pharmacy per annum (£40 for clinical waste management and £50 for competency training) to be claimed via PharmOutcomes. **This payment will be approved once the pharmacy has recorded and claimed for their first consultation.**



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Example payment schedule for supply of nitrofurantoin 100mg MR:

Consultation fee and payment for consumables = **£20** (£6 from ICB AND £14 CPCS referral fee)

PLUS

Medication cost reimbursement = Cost for 6 x nitrofurantoin MR 100mg capsules Nov 2023 Drug Tariff **£4.07**

PLUS

5-day follow up call payment = **£5**

MINUS

Prescription levy charge = **£9.35** (if applicable)

TOTAL: £29.07, where payments are claimed for a prescription charge this amount is removed from the because it comes into the pharmacy via another payment method.



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Incident Reporting, Complaints, Quality & Monitoring

- All incidents relating to the UTI PGD service should be recorded as part of the pharmacy's usual procedures and be reported to the commissioner
- Complaints should be managed using the pharmacy's normal complaints process in accordance with NHS policy, where issues arise in relation to a complaint these should be reported to the commissioner
- HWE ICB will undertake regular audits of the service e.g.:
 - Volume of people assessed under PGD
 - Volume of medication supplied
 - Volume of patients receiving TARGET UTI patient information
 - Volume of deferred treatment
 - Outcomes at day 5
- Antimicrobial usage will be reported to local and regional bodies to assure antimicrobial stewardship



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PharmOutcomes®



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PharmOutcomes - Services

UTI PGD	Actions	Status
UTI PGD - Patient Registration	<ul style="list-style-type: none">• Edit• Preview• Accredit• Add Funding	View Activity ...
UTI PGD 5-Day Follow-Up	<ul style="list-style-type: none">• Edit• Preview• Accredit• Add Funding	No activity
UTI PGD Service Consultation Practitioner Enrolment is required in this service	<ul style="list-style-type: none">• Edit• Preview• Accredit• Add Funding	View Enrolments ... No activity



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PharmOutcomes® - Enrolment

Enrolment

The commissioner requires you to state your competency or eligibility to provide this service before access is allowed

Enrolment Criteria

Your Full Name

This should be your full name

Registration

Your registration with your regulatory body

I have undertaken training in working under PGDs for supply and administration of medicines

PGD Understanding Yes No
eLfh PGD elearning programme

✘ Needs to be 'Yes' to meet the requirements

I have read and am familiar with the UTI PGD requirements provided by HWE ICB and have access to associated online resources

Familiar with the PGD requirements Yes No

✘ Needs to be 'Yes' to meet the requirements

I have undertaken training and am competent to clinically assess for UTI

Competent to assess Yes No
Minimum requirement RCGP eLearning Urinary Tract infections

✘ Needs to be 'Yes' to meet the requirements

I have undertaken training and am competent to identify Sepsis

Sepsis training completed Yes No

✘ Needs to be 'Yes' to meet the requirements

I have completed training (including updates) in Safeguarding vulnerable adults

Safeguarding Yes No
HEE eLfh Hub (e-lfh.org.uk)

✘ Needs to be 'Yes' to meet the requirements

I have completed the UTI PGD training provided by Hertordshire and West Essex ICB

Completed local training Yes No

✘ Needs to be 'Yes' to meet the requirements

Enrol

Service Support

Documents

Service Specification and contract can be found [here](#)

Nitrofurantoin PGD can be found [here](#)

Trimethoprim PGD can be found [here](#)

Supporting Web Links

+ Public Health England Quick reference tool for diagnosis of urinary tract infections

+ TARGET UTI Patient leaflet including THINK SEPSIS

Thank you

- Round Up
- Any questions?



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