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| **Service Specification No.** | **004** |
| **Service** | **Treatment of uncomplicated Urinary Tract Infection (UTI)** |
| **Commissioner Lead** | **Tracy Savage**Locality Director and Head of Primary Care and Medicines Optimisation |
| **Provider Lead** |  |
| **Period** | 15/07/22 – 14/07/2-24 |
| **Date of Review** | Annually (or as determined by the Commissioner) |

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| **1. Population Needs** |
| * 1. **National/local context and evidence base**

The Medicines Act (2000) allows the supply of prescription only medicines without a prescription under a Patient Group Directive (PGD) by a specific health care professional, including a community pharmacist. |
| **2. Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**

| **Domain 1** | **Preventing people from dying prematurely** |  |
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| **Domain 2** | **Enhancing quality of life for people with long-term conditions** |  |
| **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** | **🗸** |
| **Domain 4** | **Ensuring people have a positive experience of care** |  |
| **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** |  |

**2.2 Local defined outcomes*** An increase in people able to self-manage minor ailments by accessing timely advice and cost-effective medicines available from the community pharmacy.
* A reduction in demand for inappropriate appointments in other health care settings: General Practice (GP), 111, Accident and Emergency (A&E).
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| **3. Scope** |
| **3.1 Aims and objectives of service**The service aims to encourage and support women with an uncomplicated urinary tract infection (UTI) to access antibiotics without needing a prescription. Improve access and choice for women with an uncomplicated urinary tract infection by:* Promoting self-care through community pharmacy, including the provision advice and where appropriate supply of medicines under PGD without the need to visit the GP practice
* Operating a referral system from local medical practices or other healthcare providers to community pharmacy
* Supplying appropriate specific POM medicines

**3.2 Service description/care pathway**The pharmacist will be accredited to supply Nitrofurantoin or Trimethoprim, when indicated to patients in line with the requirements of the locally agreed PGD.**3.3 Population covered**This service is available to all women registered with a UK GP and aged 16 years old or over, and 65 years old or under, presenting with symptoms associated with an uncomplicated urinary tract infection.**3.4 Any acceptance and exclusion criteria and thresholds****3.4.1 Inclusion Criteria*** + Registered with a UK GP
	+ Female
	+ Aged 16 years old or over
	+ Aged 65 years old or under
	+ Not pregnant/breastfeeding
	+ No catheter/complications

**Presenting with symptoms associated with an uncomplicated urinary tract infection:*** + Dysuria
	+ Increased urinary frequency and urgency of recent onset
	+ Suprapubic pain
	+ Nocturia of recent onset
	+ No signs of a complicated UTI:
	+ Haematuria or symptoms of pyelonephritis i.e. fever, flank pain, chills, nausea/ vomiting, rigors, loin or abdominal pains/ tenderness and headache

Evidence shows that if dysuria and frequency are present the likelihood of being a UTI is >90%.**3.4.2 Exclusion Criteria**Exclusions are covered within the PGDs which should be referred to for further details. * + Not registered with a UK GP
	+ Male
	+ Aged outside of the specified age range
	+ Any complications
	+ Refused / not consented to treatment.

**Referral process**If a patient presents that is acutely unwell and does not meet the inclusion criteria then they should be triaged as normal and referred to the most appropriate service e.g. self-care, 111, GP practice etc.**NEW: Follow up**A pharmacist must follow up the patient by telephone call 5-7 days after the treatment has been provided, to determine if the treatment was effective, and if onward referral is required. The outcome of this follow-up must be recorded in PharmOutcomes**NEW: Audit**Providers will audit their provision of this service annually. The audit will be submitted via PharmOutcomes in the last financial quarter of the year. **3.5 Claiming Payment**Consultations need to be recorded on PharmOutcomes® in a timely manner for the details to be sent to the GP and for the pharmacy to claim payment. This may be completed by the pharmacist or a pharmacy technician/dispenser. The record on PharmOutcomes® will be the enduring record of the consultation.If the pharmacist supplies a medicine which is commissioned by the IOW CCG under a PGD then the £ consultation fee can only be claimed for patients who have self-referred. Pharmacists can claim £ for referrals via Community Pharmacy Consultation Service (CPCS) as the £ CPCS fee already applies. If the patient pays for their prescriptions, a NHS prescription fee will be charged to the patient. If the patient has an exemption or prepayment certificate, this should be verified via NHSBSA <https://services.nhsbsa.nhs.uk/check-my-nhs-exemption/start>.Payments will be made to pharmacies quarterly.**3.6 Interdependence with other services/providers**A record of the consultation should be made on PharmOutcomes®, which will automatically email the patient’s GP practice to notify them of the consultation. |
| **4. Applicable Service Standards** |
| **4.1 Applicable national standards (e.g. NICE)****NICE Guidance:*** NICE CKS Urinary Tract Infection (lower) –women

<https://cks.nice.org.uk/urinary-tract-infection-lower-women>* Treatment for women with lower UTI who are not pregnant: <https://www.nice.org.uk/guidance/ng109/chapter/Recommendations#treatment-for-women-with-lower-uti-who-are-not-pregnant>

**4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)****Mandatory Centre for Pharmacy Postgraduate Education (CPPE) distance learning:*** CPPE distance learning pack ‘Common clinical conditions and minor ailment: distance learning’ (8hrs)

<https://www.cppe.ac.uk/programmes/l?t=RespMin-P-03&evid=45133>* CPPE learning assessment ‘Minor Ailments; a clinical approach (2020) <https://www.cppe.ac.uk/programmes/l/minor2-a-10>

**CPPE Declaration of competence:*** Minor ailments – this includes Consultation skills, Common Clinical Conditions and Minor Ailments <https://www.cppe.ac.uk/services/declaration-of-competence#navTop>

**4.3 Applicable local standards**Pharmacists are required to make sure that they have read, understood and comply with the service specification. The Pharmacist must complete electronic declaration (enrolment) via PharmOutcomes, by clicking on UTI PGD tab.The pharmacy contract holder must satisfy themselves that any pharmacists involved in the provision of the service has undertaken continuing professional development (CPD) relevant to the service.There will be a 3 months grace period after registration to complete this or access/claiming will be denied. |
| **5. Applicable quality requirements and CQUIN goals** |
| * 1. **Applicable Quality Requirements (See Schedule 4A-C)**

The pharmacists involved in the provision of the service sign a paper copy of the PGD to confirm that pharmacists understand the PGD and complete the online declaration of competence that they have undertaken continuing professional development (CPD) relevant to the service.The pharmacist is responsible for keeping themselves aware of any changes to the recommendations for the medicine listed. It is the responsibility of the individual to keep up-to-date with continued professional development and to work within the limitations of their own individual scope of practice.The pharmacist is required to complete the required training and competency declaration every time a new contract is signed as this may change slightly in line with current evidence.* 1. **Applicable CQUIN goals**

Reserved as not applicable under terms of the contract. |
| **6. Location of Provider Premises** |
| **The Provider’s Premises to confirm inclusion:****(please list each site if a multiple pharmacy chain)**

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**Premises Requirements**Consultation Rooms:* If a consultation room is available, consultations should take place in that room.
* If a consultation room is not available, or the patient does not wish to use the consultation room, then the pharmacist must give consideration to the part of the pharmacy used for provision of the service, which should provide a sufficient level of privacy and safety.
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| **7. Individual Service User Placement** |
| Not applicable |