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| This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used. |

**PATIENT GROUP DIRECTION (PGD)**

**Administration/supply by Pharmacists of Nitrofurantoin 100mg MR Capsules by registered community pharmacists for the**

**treatment of uncomplicated urinary tract infections (UTI) in non-pregnant women**

**on the Isle of Wight**

Version Number 3.0

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| **Change History** | |
| **Version and Date** | **Change details** |
| 1.0  February 2018 | First Version |
| 2.0  January 2020 | Review |
| 3.0  June 2022 | Updated to new National PGD template and review for inclusion of changes suggested by NHS England to prevent antimicrobial resistance (AMR)  Changes:   * “Non-pregnant” added to the PGD title for clarity * Registered, trained and authorised community pharmacists and locum pharmacists * Add the requirement of 2 or more symptoms of uncomplicated UTI (as 1 single symptom indicates self-care) * Cloudy urine added to symptoms of uncomplicated UTI * Exclusion added: the establishment is unable to provide a confidential consultation added * Exclusion added: refuses to information sharing via PharmOutcomes® * Exclusion added: One single symptom of UTI when self-care advice and pain relief should be provided. * Altered mental state and skin rash added to signs of complicated UTI * Clarification of age limits as female of 16 or 65 were both included and at the same time excluded in prior PGD version * Specific information for suspected UTI added, including Natural history of illness, non-antibiotic management strategies and safety-netting * Biologicals added to the list of drugs that indicate the need to contact GP services to request FBC * Added requirement for follow-up phone call after 5-7 days |

This Patient Group Direction (PGD) must only be used by registered professionals who have been named and authorised by their organisation to practise under it (See Appendix A). The most recent and in date final signed version of the PGD must be used.

**PGD DEVELOPMENT GROUP**

|  |  |
| --- | --- |
| Date PGD comes into effect: | June 2022 |
| Review date | July 2024 |
| Expiry date: | July 2024 |

The template for this PGD has been peer reviewed by the Antimicrobial PGDs Short Life Working Group in accordance with their Terms of Reference and approved by the NHSE AMR Programme Board.

**This section MUST REMAIN when a PGD is adopted by an organisation.**

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| --- | --- |
| **Name** | **Designation** |
| Caroline Allen | Lead author 2020  Former Deputy Head of Medicines Management, IOW Trust |
| Mel Stevens | Review 2020  Clinical Pharmacist. Antimicrobial Pharmacist, IOW Trust |
| Janna Whelan | Review and update 2022.  Medicines Optimisation Pharmacist. HIOW Integrated Care Board |
| Beth Shaw | Review 2022.  Medicines Optimisation Pharmacist. HIOW Integrated Care Board |
| Alison Freemantle | Reviewed 2022.  Pharmacist, Community Pharmacy South Central |
| Samantha Truscott | Reviewed 2022  Hampshire and Isle of Wight, chair of AMS committee |
|  |  |

**The PGD is not legally valid until it has had the relevant organisational approval - see below.**

**ORGANISATIONAL AUTHORISATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Job title and organisation** | **Signature** | **Date** |
| **Senior doctor** | Dr. Adam Poole  HIOW Integrated Care Board  GP Prescribing Lead |  | 07/07/22 |
| **Senior pharmacist** | Janna Whelan  HIOW Integrated Care Board.  Deputy Head of Medicines Optimisation for the Isle of Wight |  | 12/07/22 |
| **Specialist in antimicrobial therapy** | Samantha Truscott  Locality lead Pharmacist and chair of AMS group, HIOW ICB |  | 12/07/22 |
| **Person signing on behalf of** [**authorising body**](http://publications.nice.org.uk/patient-group-directions-gpg2/appendix-a-glossary#authorising-body) | Tracy Savage  HIOW Integrated Care Board.  Associate director of Primary Care and Medicines Optimisation |  | 12/07/22 |

1. **Characteristics of staff**

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| **Qualifications and professional registration** | Pharmacist registered with the General Pharmaceutical Council (GPhC), who   * Is currently contracted for employment with an NHS organisation or NHS commissioned service. * Has undertaken the appropriate training and competency assessments (see relevant sections below) * Has their competence registered on PharmOutcomes®.   There will be a 3-month grace period after PharmOutcomes® registration to complete this or access/claiming will be denied.  To access the Pharmacist Register visit <https://www.pharmacyregulation.org/registers/pharmacist> |

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| **Initial training** | The registered pharmacist authorised to operate under this PGD must have undertaken appropriate education and training and successfully completed the competencies to undertake clinical assessment of patient leading to diagnosis of the conditions listed in this PGD in accordance with local policy.  The healthcare professional has completed locally required training (including updates) in safeguarding children and vulnerable adults as well as completed relevant local infection prevention and control and antimicrobial stewardship training.  Other local training requirements are specified in the Commissioner Service Specification Document available at <https://www.cpsc.org.uk/professionals/forms-contacts/isle-wight> and are summarised below:  **College of 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 (2022)   <https://www.cppe.ac.uk/programmes/l/minor2-a-12/>  **Be familiar with the relevant 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>   **Be familiar with the** l**egal and professional aspects of PGD administration and the supply of medicines for Pharmacists:**   * GPhC Standards for Pharmacy Professionals <https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017.pdf> * Medicine, Ethics and Practice: Royal Pharmaceutical Society (RPS) <https://www.rpharms.com/publications/the-mep> |
| **Competency assessment** | * Individuals operating under this PGD must be assessed as competent (see Appendix A) or complete a self-declaration of competence for the recognition and management of UTIs in non-pregnant women. * Individuals operating under this PGD should be aware of the national guidance for public health management of UTIs in the UK. * Staff operating under this PGD are encouraged to review their competency using the [NICE Competency Framework for health professionals using patient group directions](https://www.nice.org.uk/guidance/mpg2/resources) * Staff operating under this PGD should follow their own risk assessments if they have allergies or sensitivities to any of the treatments included in the PGD.   **Self-declaration of competence:**   1. Pharmacists can self-declare their competence for Minor ailments – which includes Consultation skills, Common Clinical Conditions and Minor Ailments via the CPPE platform: <https://www.cppe.ac.uk/services/declaration-of-competence#navTop> 2. Pharmacists must self-declare their competence for the recognition and management of uncomplicated urinary tract infections (UTI) in non-pregnant women via **PharmOutcomes®**. |
| **Ongoing training and competency** | * Individuals operating under this PGD are personally responsible for ensuring that they remain up to date with the use of all medicines and guidance included in the PGD - if any training needs are identified these should be addressed and further training provided as required. * Organisational PGD and/or medication training as required by employing Trust/organisation. |
| The decision to administer/supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policies.  refer to the Commissioner Service Specification Document available at <https://www.cpsc.org.uk/professionals/forms-contacts/isle-wight> | |

1. **Clinical condition or situation to which this PGD applies**

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| **Clinical condition or situation to which this PGD applies** | Treatment of otherwise healthy non-pregnant women presenting with uncomplicated urinary tract infection.  **FIRST LINE:**  **Nitrofurantoin 100mg M/R bd (Macrobid®) for 3 days if no known renal condition (or GFR>45mL/min)** |
| **Criteria for inclusion**  Evidence shows that if dysuria and frequency are present the likelihood of being a UTI is >90% 1,2 | **Eligibility criteria:**   * Female * Aged 16 years or over/aged 65 years or under * No catheter or complications * Presents with 2 or more symptoms of uncomplicated urinary tract infection (UTI) listed below:   + Dysuria   + Increased urinary frequency   + Urgency of recent onset   + Suprapubic pain   + Nocturia of recent onset   + Cloudy urine   Patients must consent to sharing their details and the consultation with their registered GP. The consent can be verbal and will be recorded on PharmOutcomes® as part of the consultation process. |
| **Criteria for exclusion**  Treat as complex patients and refer to 111/GP. | **Individuals who do not meet eligibility criteria:**   * Male * Aged 15 years or under/aged 65 years or over * Any complications * Pregnant/possible pregnancy * Breast feeding * Living in residential care facility * Refused / not consented to treatment or information sharing.   **Signs of a complicated UTI:**   * Symptoms of pyelonephritis i.e., fever, flank pain, chills, nausea/ vomiting, rigors, loin or abdominal pains/ tenderness and headache * Unresolving urinary symptoms * Vaginal discharge, itch or skin rash * Haematuria (unless menstruating) * Indwelling catheter * Urological abnormalities or previous surgery involving the lower urinary tract * Known renal impairment or acute kidney injury * Altered mental state   **Increased risk of Nitrofurantoin antibiotic resistance:**   * Current prophylactic use of nitrofurantoin * Currently taking a prescribed antibiotic * Recurrent UTI - a frequency of 2 or more UTIs in the last 6 months or 3 or more UTIs in the last 12 months. * Previous known UTI resistant to antibiotics * Hospitalisation for >7 days in the last 6 months * Recent travel to a country with increased antibiotic resistance rates   **Sensitivity:**   * Known hypersensitivity to nitrofurantoin or to any ingredient of the nitrofurantoin product being supplied   **Medical risks:**   * Immunocompromised patients or patients taking immunosuppressant medicines or Disease Modifying Antirheumatic Drugs) DMARDs - seek urgent medical attention for full blood count and liver function tests * Hepatic impairment * Renal impairment or acute kidney injury * G6PD deficiency (see also BNF Section 4.6) * Acute porphyria   **Drug Interactions:**  **Refer to BNF interactions for full list:** [**https://bnf.nice.org.uk/interaction/nitrofurantoin-2.html**](https://bnf.nice.org.uk/interaction/nitrofurantoin-2.html)  Patients who are currently taking any of the following are at risk of a severe interaction:   * + Dapsone   + Prilocane   Risk of neurotoxicity with:   * + Phenytoin   + Amiodarone   + Metronidazole   + Cytotoxics   Treat as complex patients and refer to GP.  A full/updated list of interactions is also available from the electronic Medicines Compendium website: [www.medicines.org.uk](http://www.medicines.org.uk) |
| **Cautions including any relevant action to be taken**  Treat as complex patients and refer to 111/GP. | Interaction with other medicinal products and other forms of interaction   * Increased absorption with food or agents delaying gastric emptying. * Decreased absorption with magnesium trisilicate – avoid co-administration * Decreased renal excretion of Nitrofurantoin by probenecid and sulphinpyrazone. * Decreased anti-bacterial activity by carbonic anhydrase inhibitors and urine alkalization –don’t sell OTC. * Anti-bacterial antagonism by quinolone anti-infectives. * Interference with some tests for glucose in urine. * Typhoid Vaccine (oral): Antibacterials inactivate oral typhoid vaccine.   Complex patients – refer to GP if in doubt   * Nitrofurantoin should be used with caution in patients with pulmonary disease, hepatic dysfunction, neurological disorders, and tendency to allergies. Complex patient – refer to GP. * Discontinue treatment with Nitrofurantoin if otherwise unexplained pulmonary, hepatic, haematological or neurological syndromes occur * Peripheral neuropathy and susceptibility to peripheral neuropathy, which may become severe or irreversible, has occurred and may be life threatening. Therefore, treatment should be stopped at the first signs of neural involvement (paraesthesia). * Nitrofurantoin should be used in caution with patients with anaemia, diabetes mellitus, electrolyte imbalance, debilitating conditions, and vitamin B (particularly folate) deficiency. * Acute, subacute, and chronic pulmonary reactions have been observed in patients treated with Nitrofurantoin. If these reactions occur, nitrofurantoin should be discontinued immediately. * Chronic pulmonary reactions (including pulmonary fibrosis and diffuse interstitial pneumonitis) can develop insidiously and may occur commonly in elderly patients. Close monitoring of pulmonary conditions of patients receiving long-term therapy is warranted (especially in the elderly). * Patients should be monitored closely for signs of hepatitis (particularly in long-term use). Urine may be coloured yellow or brown after taking Nitrofurantoin. Patients on Nitrofurantoin are susceptible to false positive urinary glucose (if tested for reducing substances). |
| **Specific information for suspected infection to be provided** | **Inform the patient of the natural history of a UTI:**   * **Mild UTI presenting with one or no symptoms** (detected via dipstick) usually last 5-7 days and can be managed with non-antibiotic management strategies.   In this case, a delayed antibiotic may be considered if symptoms get worse or do not improve after 48 hours of self-care.   * **Moderate uncomplicated UTI presenting two or more symptoms** usually last 4- 5 days, this can be reduced to 3-4 days if an appropriate antibiotic is taken.   **Inform the patient of non-antibiotic management strategies that should be considered.**   * Ensure appropriate hydration. Aiming to drink 6 to 8 glasses of water (2 litres) each day for 3-5 days. * Avoid alcohol, fizzy drinks or caffeine that can irritate bladder. * Unless contraindicated, consider taking paracetamol or ibuprofen at regular intervals for pain relief. * A hot water bottle may help to relieve abdominal discomfort. * There is currently no evidence to support taking cranberry products to improve UTI symptoms but they may be of benefit in preventing recurrent UTIs * There is currently no evidence to support taking cystitis sachets containing alkalinising products, but patients wishing to try this should be aware that   + Products containing sodium are contraindicated in hypertension   + Products containing potassium should be avoided in patients with hyperkalaemia, renal or cardiac impairment or patients taking potassium sparing diuretics, ACE inhibitors or aldosterone antagonists.   **Provide safety-netting advice:**  That includes instructions about what to do if their condition deteriorates and how to recognise deterioration or sepsis.  Patients should urgently report any possible signs of serious infection, such as:   * Shivering, chills and muscle pain. * Confusion of drowsiness. * Not passing urine all day. * Vomiting * Haematuria (blood in the urine). * Temperature above 38oC or less than 36oC * Kidney pain * Pain under the ribs. * The symptoms get worse. * Symptoms do not start improving within 48 hours of self-care in mild UTI or taking antibiotics in moderate UTI   Advise patients to phone 111 if unsure of how urgent their symptoms are.  **Print and provide the patient with a copy of the** [**TARGET UTI LEAFLET (rcgp.org.uk)**](https://elearning.rcgp.org.uk/pluginfile.php/172235/mod_book/chapter/465/TYI-UTI%20GenPract%20V23.5%20UKHSA.pdf?time=1634718071669) that contains information to support the PGD consultation, provides treatment recommendations (including advice on how to prevent future UTIs, self-care information and safety-netting should signs of complications occur.  **Inform patient that their GP will be informed** of the supply of nitrofurantoin for uncomplicated UTI via the PharmOutcomes® platform.  **For complex UTI refer patient to GP. If suspect pyelonephritis call 111 for advice.**  **Immunocompromised patients or patients taking immunosuppressant medicines or Disease Modifying Antirheumatic Drugs) DMARDs** - seek urgent medical attention via 111 for full blood count. |
| **Action to be taken if the individual is excluded or declines treatment** | * Explain the reasons for exclusion to the individual/carer * Document in the patient notes the reasons for exclusion and the advice given * Discuss potential consequences of not undertaking treatment and appropriate reassurance if self-care management is advised. This includes information that patient with one or very mild symptoms not improving in 48 hours despite self-care management can come back for the supply of a delayed antibiotic. * For complex UTI refer patient to GP. * If pyelonephritis is suspected call 111 for advice. * For immunocompromised patients or patients taking immunosuppressant medicines or Disease Modifying Antirheumatic Drugs (DMARDs) or Biologicals - seek urgent medical attention via 111 for full blood count.   Provide patient with a Pharmacy First card for referral if required. |

1. **Description of treatment**

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| **Name, strength & formulation of drug** | Nitrofurantoin 100mg capsules MR (Macrobid®) |
| **Legal category** | POM |
| **Route of administration** | Oral |
| **Off label use** | N/A |
| **Dose and frequency of administration** | One 100mg MR capsule to be taken TWICE a day (12 hourly) for 3 days (with food) |
| **Duration of treatment** | 3 days. |
| **Storage** | Stock must be securely stored according to organisation medicines policy and in conditions in line with manufacturers Summary of Product Characteristics (SPC), which is available from the electronic Medicines Compendium website: [www.medicines.org.uk](http://www.medicines.org.uk) and BNF. |
| **Drug interactions** | ***For full list of Adverse Drug reactions (ADRs) see British National Formulary (BNF)/ Summary of Product Characteristics (SmPC)*** |
| **Identification & management of adverse reactions** | * Pharmacist will call patient 5-7 days from now to establish if treatment has worked, if onward referral is required and if patient experienced adverse reactions.   Nitrofurantoin may cause dizziness and drowsiness and the patient should not drive or operate machinery if affected this way.  **BNF** [**https://bnf.nice.org.uk/drug/nitrofurantoin.html**](https://bnf.nice.org.uk/drug/nitrofurantoin.html)  **Frequency not known**  Agranulocytosis; alopecia; anaemia; angioedema; aplastic anaemia; appetite decreased; arthralgia; asthenia; chest pain; chills; circulatory collapse; confusion; cough; cyanosis; depression; diarrhoea; dizziness; drowsiness; dyspnoea; eosinophilia; euphoric mood; fever; granulocytopenia; haemolytic anaemia; headache; hepatic disorders; idiopathic intracranial hypertension; increased risk of infection; leucopenia; lupus-like syndrome; nausea; nerve disorders; nystagmus; pancreatitis; psychotic disorder; pulmonary hypersensitivity; pulmonary reaction (possible association with lupus erythematosus-like syndrome); respiratory disorders; skin reactions; Stevens-Johnson syndrome; thrombocytopenia; urine discolouration; vertigo; vomiting. |
| **Management of and reporting procedure for adverse reactions** | * Healthcare professionals and patients/carers are encouraged to report suspected adverse drug reactions (ADRs) to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: <http://yellowcard.mhra.gov.uk> * Record all ADRs in the patient’s medical record. * Report via community pharmacy organisation incident policy. * All ADRs/ significant events/ near misses occurring in relation to the administration of this medicine under the PGD must be reported to the CCG * [hiowicb-hsi.mot@nhs.net](mailto:hiowicb-hsi.mot@nhs.net) |
| **Further advice to be supplied to individuals** | Highlight to the patient that the information leaflet containing all the relevant medicine information is included in the box provided.  Advise patient to:   * To take at regular intervals (12 hours apart), if a dose is missed, take the dose as soon as it is remembered unless it is too close to your next dose (allow 4-6 hours between doses) and do not take a double the dose. * Complete the 3-day course even if the infection, signs or symptoms appear to be better * Take capsules whole with a full glass of water and may be taken with food or milk if it causes stomach upset * Do not consume alcohol * Safely dispose of any unused medicines via the pharmacy medicine return service.   They should seek GP advice if:   * unacceptable side effects occur * symptoms do not resolve after completion of the 3-day nitrofurantoin course. The patient, in this case, could consider taking a mid-stream early morning urine sample with them to the appointment.   Antibiotics and oral contraceptives:  The World Health Organisation (WHO) no longer advise that additional precautions are required when using combined hormonal contraceptives with antibiotics that are not enzyme inducers for a duration of less than 3 weeks. This is supported by the Faculty of Sexual and Reproductive Healthcare.  <https://www.fsrh.org/documents/ceu-clinical-guidance-drug-interactions-with-hormonal/>   * Advice should be provided around the usual precautions if nausea and vomiting should arise from taking the antibiotics   Provide advice on ways to reduce recurrence of UTI:   * Voiding after intercourse * gently wash external genitalia before and after sex * stop bacteria spreading frombowel to bladder by wiping from front (vagina) to back (anus) * avoid waiting to pass urine * maintaining adequate fluid intake.   Follow up advice:   * Pharmacist will call patient 5-7 days from now to establish if treatment has worked, and if onward referral is required. * If symptoms improve, routine follow up is not necessary, but patient may consider the given advice to prevent UTI recurrence. * If symptoms do not resolve after completion of the 3-day trimethoprim course, the patient should contact their GP and should consider taking a mid-stream early morning urine sample with them to the appointment.   Other useful information:   * [Electronic medicines compendium](https://www.medicines.org.uk/emc/product/428/smpc) * NHS Choices information on cystitis: <https://www.nhs.uk/conditions/cystitis/>   [TARGET UTI](http://www.rcgp.org.uk/clinical-and-research/toolkits/~/link.aspx?_id=9FCF9DA4B4A045519593320478DFD9E7&_z=z) leaflet: <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/amr/target-antibiotics-toolkit/-/media/85AAD1D4DDEF455A85E0416C3BB714AE.ashx> |
| **Records** | Record:   * that valid informed consent was given where applicable * name of individual, address, date of birth and GP with whom the individual is registered (if relevant) * any known medication allergies * Name of registered health professional operating under the PGD * name of medication administered/supplied * batch number and expiry date * date of administration/supply * time of administration (administration only) * dose, form, and route of administration * quantity administered/supplied * anatomical site of administration (if applicable) * advice given, including advice given if excluded or declines treatment * details of any adverse drug reactions and actions taken * that the medicines was supplied via Patient Group Direction (PGD) * Outcome of follow-up conversation 5-7 days after treatment was supplied   Records of all the above should be facilitated via PharmOutcomes® as part of the consultation process.  Records that cannot be immediately entered on Pharmoutcomes® should contain all the information detailed above and should be signed, named and dated (unless a password-controlled e-record), and securely kept for a defined period in line with local policy.   * All records should be clear, legible and contemporaneous. * A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy. * Adherence to this PGD must be audited at least annually and audit records retained for inspection. |

1. **Key references**

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| **Key references** | * Electronic Medicines Compendium <http://www.medicines.org.uk/> (accessed 07/07/22) * Electronic BNF and BNFC <https://bnf.nice.org.uk/> (accessed 07/07/22) |

**Appendix A - Registered health professional authorisation sheet**

**Administration/supply by Pharmacists of Nitrofurantoin 100mg MR Capsules by registered community pharmacists for the treatment of uncomplicated urinary tract infections (UTI) in non-pregnant women on the Isle of Wight. Version 3.0**

**Valid from: July 2022 Expiry: July 2024**

Before signing this PGD, check that the document has had the necessary authorisations. Without these, this PGD is not lawfully valid.

Pharmacists in the Isle of Wight that are currently authorized to supply nitrofurantoin under this PGD should accredit their competence on the PharmOutcomes® platform, available on the website <https://pharmoutcomes.org>

**Registered health professional**

By signing this patient group direction you are indicating that you agree to its contents and that you will work within it.

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

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| **I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.** | | | |
| **Name** | **GPhC number** | **Signature** | **Date** |
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**Authorising manager**

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| **I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of insert name of organisation for the above named health care professionals who have signed the PGD to work under it.** | | | |
| **Name** | **Designation** | **Signature** | **Date** |
|  |  |  |  |

**Note to authorising manager**

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this PGD.

Add details on how this information is to be retained according to organisation PGD policy.

**Appendix B - Pharmacy Payment**

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|  | Drug Tariff (Jan 2020) | PharmOutcomes |
| Consultation and supply for patient self-referrals | 6 Macrobid ®100mg MR capsules / 3 days £4.07 | £14.00 (VAT exempt) |
| Consultation and supply if directed via 111 and CPCS (in addition to CPCS £14.00) | 6 Macrobid ®100mg MR capsules / 3 days £4.07 | £10.00 (VAT exempt) |

The system will factor invoices:

* Where ‘Nitrofurantoin Supplied’ = The value of ‘Product Supplied (DM&D)’ x ‘Quantity Supplied’ in pence plus VAT at Standard rate (Product Reimbursement)
* £14.00/£10.00 per recorded service provision (VAT Exempt) (Consultation)
* ‘FP10 charges collected’ = Yes x - the NHS Prescription Levy for the period appropriate to the provision (Zero VAT) (Levy Charge)

The system will allow data to be claimed for at the time of issue. Payment by Commissioner will be quarterly.

**Appendix C - PharmOutcomes**

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. The record on PharmOutcomes® will be the enduring record of the consultation.

This may be completed by the Pharmacist or a Pharmacy Technician/Dispenser.

**Records to be kept by PharmOutcomes for 2 years:**

* Patient name, age, gender
* Name of registered GP
* The diagnosis (UTI)
* Treatment recommended (Nitrofurantoin MR capsules 100mg)
* Quantity supplied (6)
* Batch number and expiry date
* Name of manufacturer
* Duration of treatment (3 days)
* Date of supply
* Name of the individual assessing the patient and making the supply

Information must be sent to the GP by PharmOutcomes for entry into the patient’s records.

Document any allergies and other adverse drug reactions clearly in the pharmacy patient records and inform GP and other relevant practitioners for further reporting and action if needed.