

Pilot Pharmacy First Service for Uncomplicated UTI in women aged 16 to 64 years – Evaluation Summary

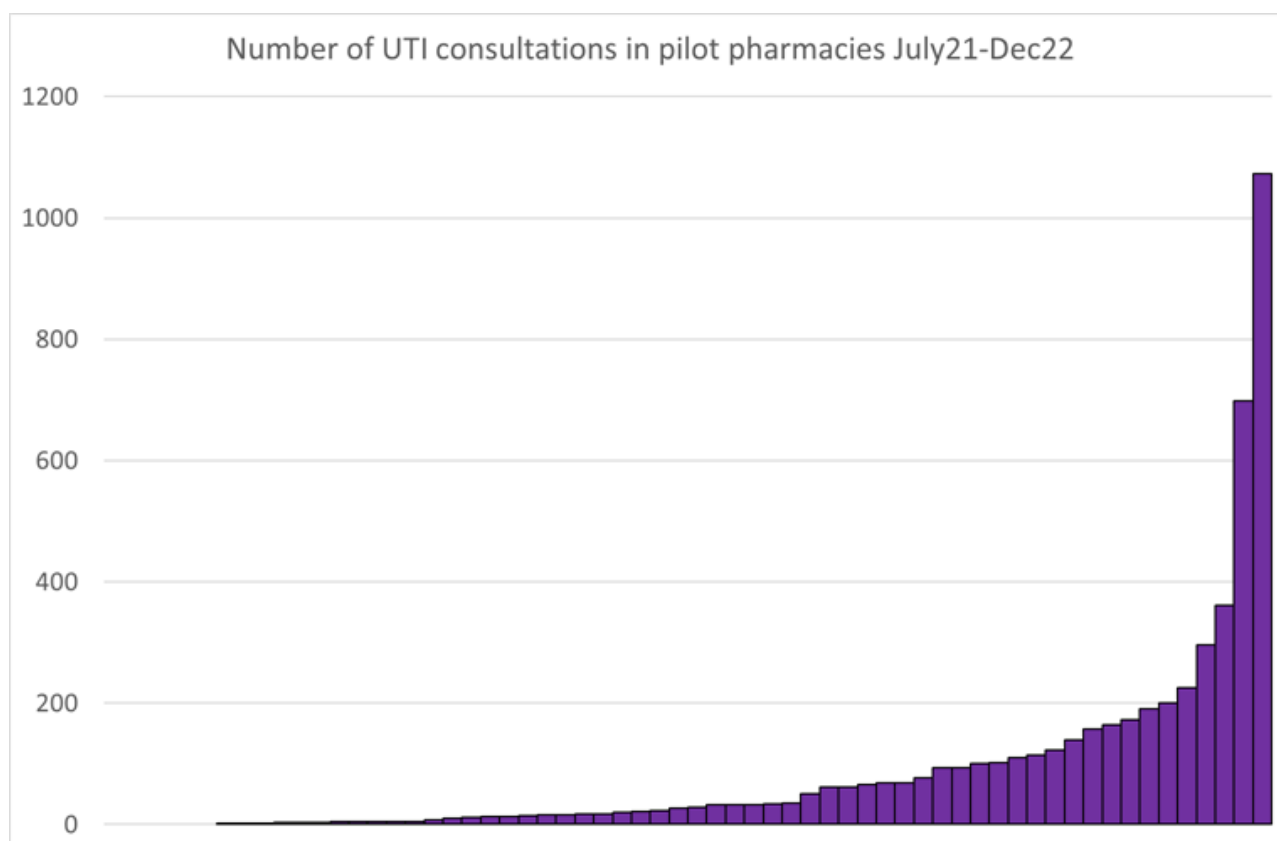
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A pilot UTI service has been offered in contracted community pharmacies across NI since July 2021. The aim of the service is to facilitate the assessment and treatment of women aged 16-64 years presenting with symptoms of lower urinary tract infection (LUTI) in the community pharmacy in line with the [NI Management of Infection guidelines](#) and [Public Health England UTI Diagnostic Quick reference tool](#).

Sixty-two pharmacies across NI were contracted to provide the pilot service. The evaluation was based on 1,032 pharmacist consultations provided between July and November 2021 as well as qualitative analysis of patient experience and stakeholder engagement.



Figure 1: Spread of the number of consultations per pilot site to date



Diagnosis

Diagnosis was based on:

- the number of **key** symptoms (dysuria, new nocturia and cloudy urine)
- the severity of symptoms
- the results of a urine dipstick test (when indicated)

Outcomes

< 2 of the key symptoms

- o 234 patients
- o 62% had a urine dipstick test
- o 55% received an antibiotic

≥ 2 of the key symptoms

- o 798 patients
- o 31% had a urine dipstick test
- o 90% received an antibiotic

Other key findings

- 82% of patients received antibiotic treatment for their UTI
- Nitrofurantoin was the antibiotic of choice in 88% of cases, in line with NI Formulary first line choice. The remaining 12% received trimethoprim
- 8% of patients required onward referral to another healthcare professional
- Outcomes from follow up phone call at 72 hours were recorded on 70% of consultation forms

Patients reported that:

- the advice they received was helpful (98%)
- they would recommend the service to family and friends (99%)
- they would have contacted their GP (79%) or OOHs medical services (21%) if the service had not been available. A small number selected more than one of these options

GP practices reported that the service:

- was beneficial to patients (66%)
- had a positive impact on GP workload, even though it was a small pilot (56%)
- should be considered for roll-out to all pharmacies (81%)

Observations

If the woman is under 65 years of age, and does not have risk factors for complicated UTI, urine dipstick can be used as an aid to diagnosis. When dip tests are used, patients are less likely to receive unnecessary antibiotics.

Reminders

All patients presenting with fewer than two of the **key** symptoms (dysuria, new nocturia and cloudy urine) should have a urine dip test to confirm diagnosis. Urine dip tests should also be considered for patients indicating mild or moderate symptoms.

All patients require a follow up phone call at 72 hours, or later if this falls on a day the pharmacy is closed.

A copy of all consultation forms should be securely transferred to the patient's GP practice as soon as possible after the initial consultation, regardless of the outcome. A fully completed copy should also be retained in the pharmacy.

Conclusion

It may be concluded that a community pharmacy UTI service would take pressure off general practice and urgent healthcare providers.

Service roll-out may also improve access to care as community pharmacists are available for consultation without an appointment and many are open extended hours and at weekends.

It is anticipated that the outcomes of the evaluation will be used to inform the future development of a robust and safe service for roll out across pharmacies in Northern Ireland.

Evaluation report

The full evaluation compiled by the Medicines Optimisation & Innovation Centre can be accessed at <https://hscbusiness.hscni.net/services/2800.htm>



This newsletter has been produced for community pharmacists and pharmacy staff by the Regional Pharmacy and Medicines Management Team.

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