HSC Health and Social Care

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Pharmacy First
for help with everyday health conditions

Pharmacy First Service for the management of Uncomplicated Urinary Tract Infections (UTIs) in women aged 16 to 64 years

Service Specification and Guidance

November 2023

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1. Background

1.1 Urinary tract infections (UTIs) are caused by the presence and multiplication of microorganisms in the urinary tract.[1] A UTI is normally always symptomatic, with symptoms such as dysuria, increased frequency of urination, suprapubic tenderness, urgency and polyuria. Asymptomatic bacteriuria is defined as the presence of bacteria in the urine (bacteriuria) without causing symptoms, and is not considered an infection. It therefore does not normally require any treatment in the majority of cases (with some exceptions, e.g. pregnant women with persistence of asymptomatic bacteriuria).

UTI is the second most common clinical indication for empirical antimicrobial treatment in primary and secondary care, and urine samples constitute the largest single category of specimens examined in most medical microbiology laboratories.[2]

Around 10 to 20% of women will experience a symptomatic UTI at some point. UTI incidence increases with age.

Unnecessary antibiotic treatment of asymptomatic bacteriuria is associated with significantly increased risk of clinical adverse events, including *Clostridiodes difficile* or meticillin-resistant *Staphylococcus aureus* infections, infection with multi-drug-resistant gram-negative organisms including extended-spectrum beta-lactamase organisms and carbapenem-resistant *Enterobacterales*, and the development of antibiotic-resistant UTIs.[1]

Antibiotic resistance

Rationalising and limiting unnecessary antibiotic use in patients with suspected (usually self-limiting) Lower UTI (LUTI) is a crucial step in controlling antimicrobial resistance (AMR). Understanding the evidence supporting LUTI diagnosis and the subsequent appropriate use of alternative (non-antibiotic) strategies which do not compromise clinical outcome and patient well-being is important. The safe and appropriate use of antibiotics is fundamental to national antimicrobial stewardship strategies.

1.2 A Pharmacy First Service is a service whereby patients are encouraged to consult with a participating community pharmacy rather than their GP for a defined list of common conditions. The pharmacist will give advice and (if appropriate) supply medication from an agreed formulary or refer the patient to the GP if necessary. Medicines, when deemed necessary, are supplied free of charge.

1.3 This Pharmacy First Service for uncomplicated UTIs will facilitate the assessment and treatment of women aged 16-64 years presenting with symptoms of UTI in the community pharmacy in line the NI Management of Infection guidelines and with Public Health England UTI Diagnostic Quick reference tool (Appendix 1).

2. Service aims and objectives

2.1 The aim of the Pharmacy First Service is to displace activity, including consultations, advice and generating prescriptions, from general practice to a community pharmacy based service.

2.2 The objectives of the service are to:

- Provide a timely and appropriate service for women in the treatment of their condition and to identify patients who need onward referral to another healthcare professional
- Provide a service which is acceptable to patients and community pharmacists and which is supported by GP practices.
- Support the cost-effective use of medicines and health service resources in primary care in line with the NI formulary
- Promote the role of the community pharmacist as the first port of call for the management of uncomplicated UTIs in women aged between 16 – 64 years.

3. Service description

3.1 The Pharmacy First Service allows eligible patients to use participating community pharmacies as the first port of call for the management of UTIs. The pharmacist advises, treats or refers patients according to their needs.

3.2 The Pharmacy First Service is available to all women; between the ages of 16 and 64 years, registered with a GP in Northern Ireland with the exception of temporary residents and care home residents.

3.3 Each Pharmacy First consultation must be carried out by an appropriately trained pharmacist with the patient directly.

3.4 The consultation should take place in a suitable private consultation area in the pharmacy. It should be face-to-face between the pharmacist and patient unless (at the discretion of the pharmacist) in exceptional circumstances only, it may be by phone or video consultation.

4. Service outline

4.1 *Patient Eligibility for the service*

4.1.1 The following persons are **eligible** for the service;

- Women aged 16-64 years who are registered with a GP in Northern Ireland

4.1.2 The following persons are **not eligible** for the service;

- Temporary residents
- Patients in Care Homes (Nursing or Residential)

4.2 *Pharmacy Eligibility for service*

The service can only be provided from participating community pharmacies where the contractor:

4.2.1 Holds a contract with the SPPG to deliver the service. Pharmacy contractors should complete the electronic form at https://forms.office.com/e/weiaxPk4BT

4.2.2 Has access to HSC secure email. Pharmacies experiencing difficulty accessing HSC secure email should consult the step-by-step user guide on BSO website or contact the BSO ebusiness team on 028 9536 3681 (option 3, then option 4) or email ebusiness@hscni.net

4.2.3 Ensures staff are trained, competent and available to deliver the service. Pharmacists must undertake relevant training to ensure clinical care competency prior to commencing service delivery.

4.2.4 Ensures a Standard Operating Procedure (SOP) is in place to support delivery of the service in line with the service specification and guidance.

4.2.5 Ensures Patient Group Directions (PGDs) for Nitrofurantoin and Trimethoprim; relating to service delivery are organisationally authorised and signed by an appropriate authorising person.
SPPG PGDs are available on the BSO website.

4.2.6 Ensures that the service is available during all of the pharmacy's opening hours, where practically possible.
If in exceptional circumstances the responsible pharmacist on the day is not trained to offer the service this should be communicated to the local GP practices to reduce inappropriate referral of patients to the pharmacy when the service is temporarily unavailable.

4.3 Pharmacist Eligibility to provide the service

This service can only be provided by pharmacists who are:

4.3.1 Registered with the Pharmaceutical Society of Northern Ireland (PSNI). Pharmacist Independent Prescribers must be registered with the PSNI as an independent prescriber.

4.3.2 Working in a pharmacy contracted to provide the service.

4.3.3 Competent to provide the service.

4.4 Patient Consent

4.4.1 Before the consultation the pharmacist must provide patients with sufficient information to inform consent to avail of the service.

4.4.2 The service privacy notice should be used to explain to the patient how their personal data will be used and a copy supplied if requested.

4.5 Accessing the service

4.5.1 Individuals with symptoms seeking advice and /or treatment contact the pharmacy in person or by phone. Patients should be encouraged where possible to make initial contact by phone. This gives the pharmacist the opportunity to explain how to correctly collect a urine sample and bring it to the pharmacy for testing if required.

4.5.2 The pharmacist arranges a consultation with the patient in person in the pharmacy. In exceptional circumstances only, the consultation may take place by phone or video consultation.

4.5.3 Where supply of medicine and / or written patient information is indicated for a patient following a telephone or video consultation, arrangements for collection of these items should be agreed between the pharmacist and the individual.

4.5.4 All consultations carried out by video call should take place via the Pharmacy's HSC Zoom account as this enables the most appropriate security settings to be applied to all HSC users of Zoom.

4.5.5 Patients may be referred into the service from their GP practice. Arrangements for this should be agreed in advance between the GP practice and the pharmacy. The pharmacist should contact the practice to give an outline of the service and share a copy of the GP flow chart (appendix 2). This and other training materials for GP practices are available here.

4.6 Pharmacy First Consultation

(a) Assessment

4.6.1 Care provided through the service includes the presentation, assessment, advice and treatment of symptoms typical of uncomplicated UTI.

- **Uncomplicated UTI**[1] is a UTI caused by typical pathogens in people with a normal urinary tract and kidney function, and no predisposing co-morbidities.

4.6.2 The pharmacist makes an initial assessment in line with the PHE pathway. The following exclusion criteria are applied;

- Renal Impairment
  - Based on information provided by the patient.
- Pregnant or breastfeeding
- Women with recurrent UTI (2 episodes in last 6 months, or 3 episodes in last 12 months).
  - Based on information provided by the patient, the patient medication record (PMR) in the pharmacy and the GP practice clinical record accessed using NIECR if available.
  - In the event that NIECR is not available, every effort to ascertain recurrent UTI should be explored including contacting the patient's GP practice if necessary.
  - NIECR if available should also be used to check for any recorded allergies
- Women who have received treatment for any UTI with any antimicrobial in the past 3 months
- Women who are known to have accessed this Pharmacy First service and received an antibiotic from any pharmacy in the past 3 months
- Use of urinary catheters
- Symptoms suggesting other vaginal and urethral causes Consider vaginal discharge, post-menopausal atrophy, sexually transmitted infection.

- Signs or symptoms suggestive of pyelonephritis, sepsis or other systemic infection. Whenever there are systemic features associated with a urinary infection (for example, fever, rigors, pain in either flank, nausea, malaise, or confusion), an upper urinary infection should be suspected as these are not features of cystitis, and may indicate pyelonephritis or a more severe infection such as sepsis.
- Immunocompromised
- If the patient has any of the following, known; porphyria, G6PD deficiency, anaemia, diabetes mellitus, vitamin B deficiency, peripheral neuropathy or electrolyte imbalance.

Excluded patients should be referred to their GP or Out of Hours (OOH) medical centre or sign-posted to other services e.g. GUM clinic as appropriate. Local arrangements should be in place for dealing appropriately with individuals requiring referral. This may include the pharmacist calling the GP to discuss a patient who is very unwell and requires a same-day appointment.

Patients with any of the following should be referred to the Emergency Department

- Difficulty breathing
- Severe symptoms, getting worse quickly, signs of sepsis or systemically very unwell/severe pain
- Confusion, drowsiness or slurred speech
- Systemically unwell and at risk of immunosuppression
- Skin changes – very cold, or a strange colour or rash develop
- Presence of blood clots in urine unexplained by menstruation
- Not passing urine all day

(b) Diagnosis

4.6.3 Suspect UTI in a woman presenting with typical features of UTI (in the absence of vaginal discharge or irritation) such as[2]:

Three KEY diagnostic symptoms:

- Dysuria — discomfort, pain, burning, tingling or stinging associated with urination.
- New nocturia — passing urine more often than usual at night.
- Urine appears cloudy

Other symptoms may include:

- Frequency — passing urine more often than usual.
- Urgency — a strong desire to empty the bladder, which may lead to urinary incontinence.
- Haematuria may present as red/brown discolouration of urine or as frank blood.
- Suprapubic discomfort/tenderness.

(c) Urine dipstick testing

4.6.4 Following initial assessment patients may be asked to perform a urine dipstick test. Using urine dipstick tests to predict UTI in women <65 years increases the diagnostic certainty, and reduces unnecessary antibiotics.

4.6.5 Does the patient have any of the **3 key diagnostic symptoms**?

□ **dysuria (burning pain when passing urine)**
□ **new nocturia (passing urine more often than usual at night)**
□ **urine cloudy to the naked eye**

If the patient has ≤1 of the three **key** diagnostic symptoms then a urine dipstick test must be performed to assist diagnosis.
If the patient has ≥2 of the three **key** diagnostic symptoms then a urine test is not needed to confirm diagnosis[1] although it is good practice to consider testing if the symptoms are reported as mild or moderate.

See figure 1 for the possible outcomes of urine dipstick test in line with the PHE pathway and table 1 for interpreting urine dipstick test results.

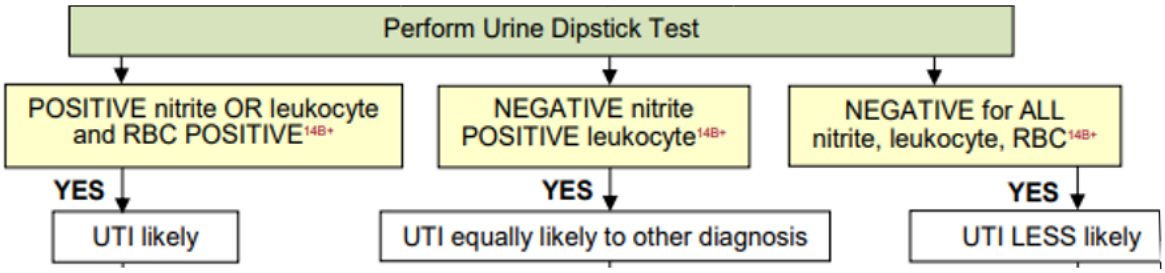


Figure 1: Possible outcomes of Urine Dipstick Test – PHE pathway

Interpreting urine dipstick test results			
Nitrites	Leucocytes	RBC	Diagnosis
+	-	+	UTI likely
-	+	+	UTI likely
+	+	-	UTI likely
+	-	-	UTI likely
+	+	+	UTI likely
-	+	-	UTI equally likely to other diagnosis
-	-	-	UTI less likely
-	-	+	UTI less likely

Table 1: Interpreting urine dipstick test results

If the outcome is 'UTI equally likely to other diagnosis' in line with PHE pathway the time of specimen should be reviewed (morning is more reliable). Consider antibiotic treatment depending on severity of symptoms or referral to GP practice for further investigation.

If the outcome is 'UTI less likely' provide self-care advice and safety-netting using the TARGET leaflet and if necessary refer to GP for alternative diagnosis.

Haematuria

- Haematuria can occur in association with acute cystitis but can also be caused by non-infective conditions eg urological cancer.
- If the patient has haematuria **only** (visible or on dip stick) a UTI is unlikely and she should be referred to her GP for further investigation. The patient should be advised of this and a note made on the consultation record for GP action
- If the patient has haematuria (visible or on dip stick) **plus** other symptoms suggesting that a UTI is likely she should be treated with antibiotics for the UTI, as appropriate, and advised to see her GP. The GP may wish to do further dip stick or urine culture to check haematuria is no longer present. The details must be noted on the consultation record and highlighted to the GP for further action.
- In **all** cases of haematuria (whether treatment is supplied or not) the details must be noted on the consultation record and highlighted to the GP.

4.6.6 The pharmacist must ensure there is a supply of urine dipstick tests and sterile specimen bottles available for urine testing.

4.6.7 Before carrying out a dipstick test, urine should be retained in the bladder for at least four hours to allow conversion of urinary nitrates to nitrites by pathogens. Shorter incubation times may lead to false negative results. The sample should be a clean catch taken mid-stream.

4.6.8 Patients who contact the pharmacy initially by phone should be asked to bring a urine sample with them.

- The pharmacist tests the sample using a dipstick test strip in line with the manufacturer's instructions.
- In exceptional circumstances only and at the discretion of the pharmacist**,** patients may have the option of using the pharmacy bathroom to obtain a sample for testing.

4.6.9 The pharmacy contractor should ensure that infection prevention and control measures around cleaning and decontamination requirements as recommended by PHA are followed. Please refer to www.niinfectioncontrolmanual.net/cleaning-disinfection

4.6.10 Urine and container suggestions for safe disposal:

- Gloves must be worn for testing and disposal of urine.
- Once sampling is complete urine must be disposed of in the toilet. Under no circumstances should it be disposed of in a sink.
- Urine containers are disposable and single use only. Ensure the lid is tight before removing the glove holding the container such that it covers the container, wrap it in the second glove. Place it in a bag and seal before disposing in general waste.

(d) Treatment

Analgesics:

4.6.11 Consider non-steroidal anti-inflammatory drugs (NSAID) as first-line treatment in women aged <65 years with suspected uncomplicated UTI who describe their symptoms as mild.
Consider NSAID as an alternative to an antibiotic following a discussion of risks and benefits in women aged <65 years with suspected uncomplicated UTI when symptoms are moderate to severe. The decision to use a NSAID or antibiotic should be shared between patient and pharmacist and risks and benefits should be fully discussed and considered. This is particularly important in women with comorbidities that increase the risks of renal impairment.
Duration of NSAID should be limited to three days to minimise adverse effects.
Patients receiving NSAID should be informed to contact their GP if UTI symptoms do not resolve within three days or worsen.[3]

Consider paracetamol as an option for pain if preferred, or NSAID inappropriate.

Antibiotics:

4.6.10 Acute, uncomplicated UTI in non-pregnant women can be self-limiting.[1]

4.6.11 First choice antibiotic treatment is nitrofurantoin unless contraindicated by allergy or renal impairment. Alternatively, trimethoprim may be offered if there is a lower risk of resistance which is more likely if trimethoprim has not been used previously. Relevant section of the NI Formulary at https://viewer.microguide.global/guide/1000000198#content,0b714967-885a-4306-bb80-8dbdfaf79550

4.6.12 The following advice must be given to every patient where supply of an antibiotic is being considered

- As well as the general advice on self-care, give advice about:
  - possible adverse effects of the antibiotic, particularly diarrhoea, nausea, thrush and rashes.
  - The risk of antibiotic resistance which may make future UTIs difficult to treat
  - Seeking medical help if
    - symptoms worsen rapidly or significantly at any time, or
    - symptoms do not start to improve within 48 hours of taking the antibiotic, or
    - the person becomes systemically very unwell.

Inappropriate antibiotic use in suspected UTI increases the risk of infection with multi-resistant organisms and treatment failure which can lead to urosepsis. Improving the management of UTIs is important for patient safety and antimicrobial stewardship.[2]

(e) Advice and self-care

4.6.13 All women must be provided with safety-netting advice and advice on self-care which will include TARGET Patient Information Leaflets available electronically to download here. TARGET leaflets are available in HTML format and can be viewed on the patients phone or tablet (download directly from the hub).

4.6.14 Self-Care[1]:

- Advise people with UTI about using paracetamol for pain, or if preferred and suitable ibuprofen.
- Advise people with UTI about drinking enough fluids to avoid dehydration. A urine colour chart which may help with the signs of dehydration is available at https://www.nhsinform.scot/campaigns/hydration
- Be aware that no evidence was found on cranberry products or urine alkalinising agents to treat UTI.

NOTE: The efficacy of nitrofurantoin is reduced when taken concurrently with over-the-counter urinary alkalinising remedies containing citrate.

5. Supply of medicine

5.1 On occasion a pharmacist will decide that an individual's symptoms are such that a supply of medicine(s) is indicated. Where this is the case the medicine(s) should be selected from the agreed formulary (table 2). Where an individual expresses a preference for a product which is not included in the agreed formulary and the pharmacist considers that such a supply is appropriate the pharmacist is able to sell the patient that product and the consultation shall still be considered to be within the terms of service provided that a record of the consultation is made.

5.2 Where a medicine is supplied it shall be appropriately labelled and the pharmacist shall counsel the individual regarding its safe and effective use.

5.3 Pharmacists must ensure medicines supplied comply with current good practice guidelines e.g.: Pharmaceutical Society guidance available at http://www.psni.org.uk/publications/code-of-ethics-and-standards/
MHRA Drug Safety Advice https://www.gov.uk/drug-safety-update
Pack/product updates and individual SPCs available at https://www.medicines.org.uk/emc/

5.4 Where supply of medicine and / or written patient information is indicated for a patient following a telephone or video consultation, arrangements for collection of these items must be agreed between the pharmacist and the individual.

5.5 When treatment is required and appropriate it should be selected from the formulary and supplied in one of two ways:

- The Pharmacist Independent Prescriber writes a prescription for the medicine which is dispensed in accordance with the relevant SOP.
  - Medicines prescribed in this way may be dispensed from Prescription Only Medicine (POM) packs.
- The non-IP Pharmacist supplies the medicine in line with the service PGD and completes a Pharmacy Voucher (PV). Supply is made in accordance with the relevant SOP.
  - POM antibiotics must be supplied in line with service PGDs and analgesics must be supplied in OTC / P packs in line with product

licenses. Analgesics are recommended for three days so the smallest available OTC pack size should be supplied, labelled and coded accordingly.

5.6 All orders for prescription pads and PV1s must be placed on line on the BSO website.

6. Formulary

6.1 Table 2: The Pharmacy First Formulary for uncomplicated UTI

Antibiotic(s)	**Dosage and course length**	**Drug tariff codes**
Nitrofurantoin*	100mg Modified-Release twice a day for 3 days	**12912 / 6**
	(or if unavailable) 50mg four times a day for 3 days	**14582 / 12**
Trimethoprim**	200mg tablet twice a day for 3 days	**89 / 6**
Analgesic(s)	**Dosage and course length**	
Ibuprofen tablets	400mg three times a day for 3 days	**985 / 9**
		Or smallest OTC pack size
Paracetamol tablets	0.5-1g 4-6 hourly prn for 3 days	**5077 / 24**
		Or smallest OTC pack size
All PVs should be endorsed with the Pharmacy First code		**97003 / 1**

*Nitrofurantoin should not be used if eGFR is reduced. The pharmacist should discuss with the patient any history or possibility of renal impairment. If in doubt refer patient to their GP.
**A lower risk of resistance may be more likely if trimethoprim has not been used in the past 3 months

Consult the Summary of Product Characteristics (SPC) for medicines supplied:
SPC: Nitrofurantoin
SPC: Trimethoprim
SPC: Ibuprofen
SPC: Paracetamol

7. Pharmacy First Consultation records

7.1 All Pharmacy First consultation records must be full, accurate and contemporaneous

7.2 If the patient attends the pharmacy again after the initial consultation section 7 of the consultation record should be completed if outcomes are known eg

- Symptoms cleared following the pharmacy consultation
- Condition deteriorated

- Patient contacted GP / OOHs / other

7.3 A record of the consultation must be retained in the pharmacy and be available to SPPG for monitoring and audit purposes.

7.4 In all cases a copy of the consultation form (appendix 3) must be transferred securely to the patient's GP; where practical within 24 hours. Local arrangements for the secure transfer of patient data should be agreed in advance.

7.5 All records must be kept for the time periods in line with the DOH Good Management, Good records guidelines

- Adults - 8 years after the conclusion of treatment
- Children and young people – Until the patient's 25th birthday or 26th if the young person was 17 at the conclusion of treatment or 8 years after death.

7.6 IP prescriptions should be coded with normal drug tariff codes and submitted along with the usual prescription bundle to BSO for payment.

7.7 PVs should be coded with normal drug tariff codes and the Pharmacy First code **97003/1** should be added. These PVs should be processed in line with other Pharmacy First vouchers and sent to BSO for payment.

7.8 A record of all consultations should be made on the monthly claim form (appendix 4) which should be emailed to local integrated care offices for processing and payment of service fees.

8. Premises

Pharmacies participating in the Pharmacy First Service must have a consultation area that meets the following requirements:

- The consultation area should be where both the patient and pharmacist can sit down together.
- The patient and pharmacist should be able to talk at normal speaking volumes without being overheard by another person (including pharmacy staff).
- The consultation area should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.
- The consultation area must provide equal access to all patients who may wish to avail of the Pharmacy First Service.
- **All** Pharmacy First UTI consultations must take place in the consultation area.

9. Professional responsibility

9.1 It is the responsibility of individual pharmacists to have suitable indemnity insurance cover (see appendix 5 for Pharmacist Independent Prescribers)

9.2 At all times the pharmacist will be required to preserve patient confidentiality in line with their responsibilities as members of the Pharmaceutical Society of Northern Ireland and GDPR regulations

9.3 Access to patient's confidential medical records on NIECR: Pharmacists should only access the records of patients who have consented to avail of the service. Please be aware for both user and patient safety and governance, NIECR is heavily audited.

9.4 At no point does this service abrogate the professional responsibility of the individual pharmacist. They must use their professional judgement at all times.

9.5 The responsible pharmacist on the day is responsible for ensuring that the service is delivered in line with the service specification and guidance.

9.6 Any complaints relating to the service should be dealt with in line with the participating pharmacy's complaints SOP

9.7 Pharmacists acting in the dual role of prescribing and supplying medicines should follow the joint RCN and RPS Guidance on Prescribing, Dispensing, Supplying and Administration of Medicines.

10. Training

All pharmacists must undertake training necessary to meet the competency required to provide the service.

Mandatory training:
Training will be provided by SPPG via ECHO on Tuesday 7th November 2023. This will be recorded and available on the ECHO Moodle site for pharmacists unable to attend the live event.
All pharmacists planning to provide this service must view this recording prior to service delivery.

Further optional therapeutics training:

- The TARGET Antibiotics Toolkit; presentation; a series of interactive webinars developed for Managing Urinary Tract Infections (UTIs)
- The TARGET Antibiotics Toolkit training resources available at TARGET tools to train prescribers: TARGET antibiotic toolkit training resources (rcgp.org.uk) which includes a video presentation on UTI https://youtu.be/wLFJtcn5S7g
- NICPLD elearning courses, antimicrobials, Minor Ailments – urogenital
- NICE guidance on antimicrobial stewardship and urinary tract infections.

11. Remuneration and Reimbursement

The fees payable to pharmacy contractors for this service are:

- One off service set-up payment of £200 per pharmacy contractor for new providers
- A consultation fee of £30 per consultation (which includes the cost of consumables such as test strips and sample bottles)
- The cost of medicines supplied as part of the consultation will be reimbursed on submission to BSO of the prescriptions or pharmacy vouchers.

Contact Details for Local Integrated Care Offices:				
Belfast	**South Eastern**	**Southern**	**Northern**	**Western**
12-22 Linenhall Street Belfast BT2 8BS	12-22 Linenhall Street Belfast BT2 8BS	Tower Hill Armagh. BT61 9DR	County Hall 182 Galgorm Road Ballymena BT42 1QB	Gransha Park House 15 Gransha Park Clooney Road Londonderry BT47 6FN
Tel: 028 9536 3926	Tel: 028 9536 3926	Tel: 028 9536 2104	Tel: 028 9536 2812	Tel: 028 9536 1082
pharmacyservicesbelfast@hscni.net	pharmacyservicesse@hscni.net	pharmacyservicessouth@hscni.net	pharmacyservicesnorth@hscni.net	pharmacyserviceswest@hscni.net

12. Service user feedback

13.1 A service user on-line survey will be available periodically. SPPG will provide pharmacists with a QR code to share with service users to complete the on-line survey.

13. Service monitoring and post payment verification

13.1 The pharmacy contractor will be required to submit all records requested by SPPG in relation to the Pharmacy First Service within 14 days of receipt of the request.

13.2 The pharmacy contractor is required to co-operate on a timely basis in respect of any review or investigation being undertaken by SPPG / BSO regarding the Pharmacy First Service.

13.3 In the event where SPPG cannot assure claims relating to the provision of the Pharmacy First Service recovery of the payment will be sought.

14. Promotion of the service

14.1 SPPG provided printed A3 and A4 posters for use within the pharmacy. Pharmacies may also wish to promote the service on Twitter and Instagram using the resources available on the BSO website. The pharmacy contractor shall not publicise the availability of the service other than using any materials specifically provided by SPPG without the prior agreement of the SPPG or in any way which is inconsistent with the professional nature of the service.

15. Other terms and conditions

15.1 The pharmacy contractor shall not give, promise or offer to any person any gift or reward as an inducement to or in consideration of his/her registration with the service.

15.2 The pharmacy contractor shall not give, promise or offer to any person engaged or employed by him any gift or reward or set targets, against which that person will be measured, to recruit patients to the service

15.3 The pharmacy contractor shall ensure that service provision is in accordance with professional standards.

Appendices available on the BSO website include

(1) Public Health England UTI Diagnostic quick reference tool	 Appendix 1 PHE UTI diagnostic reference t
(2) GP Flowchart	 UTI service GP flow chartNov23.pdf

(3) Consultation form	UTI consultation form_FINAL_091123.
(4) Monthly claim form	UTI service monthly claim form_FINAL.do
(5) Appendix for Pharmacist Independent Prescribers	Attached

References

[1] National Institute for Health and Care Excellence (NICE). Urinary tract infection (lower): antimicrobial prescribing. Guideline 109 published October 2018. Available at: https://www.nice.org.uk/guidance/ng109

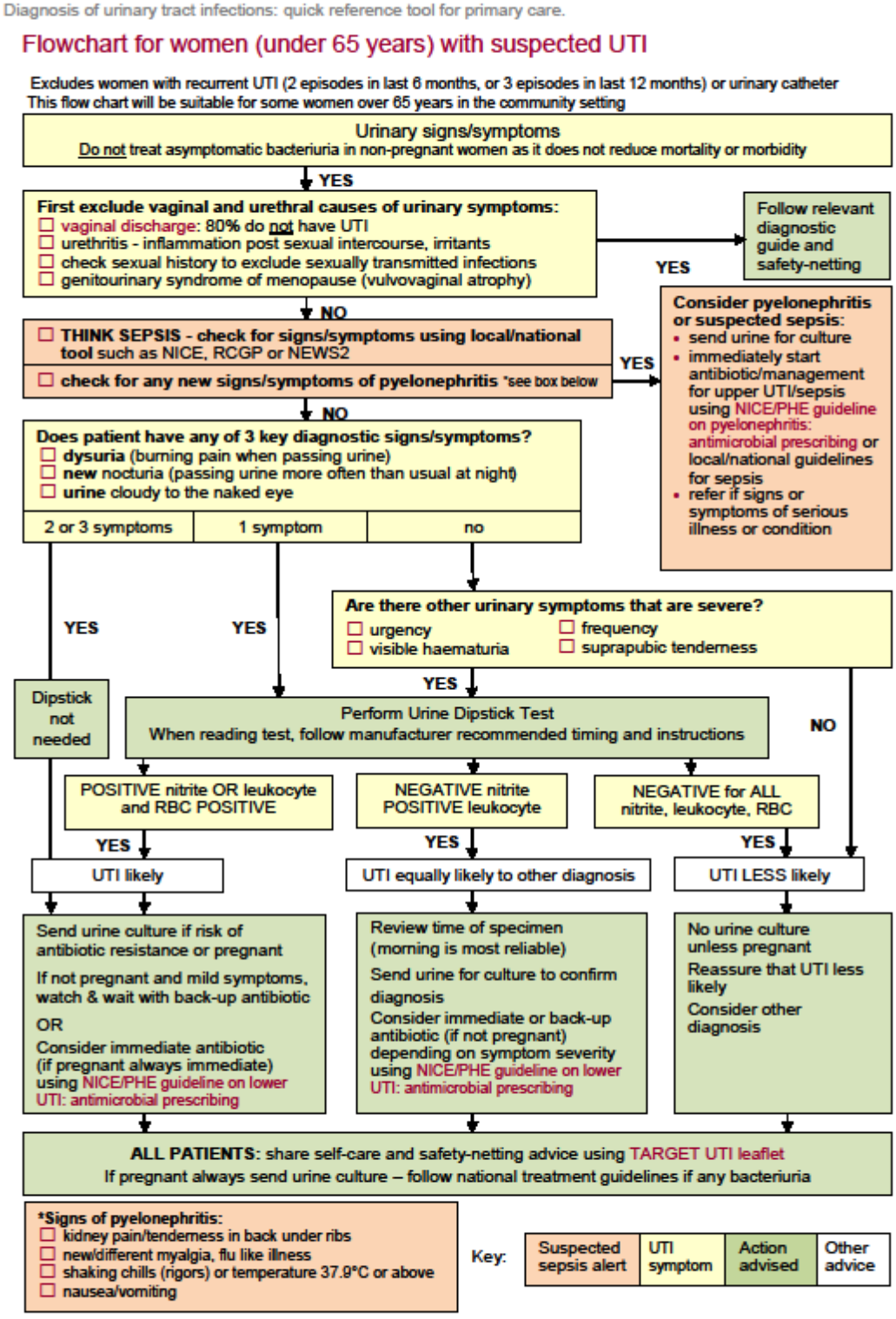
[2] NICE CKS Urinary tract infection (lower) – Women https://cks.nice.org.uk/topics/urinary-tract-infection-lower-women/diagnosis/when-to-suspect-uti/

[3] Scottish Intercollegiate Guidelines Network (SIGN). Management of suspected bacterial lower urinary tract infection in adult women. National Clinical Guideline 160. Updated September 2020. Available at: https://www.sign.ac.uk/our-guidelines/management-of-suspected-bacterial-lower-urinary-tract-infection-in-adult-women/

[4] National Institute for Health and Care Excellence (NICE). National Clinical Guideline Centre. Pyelonephritis (acute): antimicrobial prescribing. NICE Guideline 111. Published October 2018. Available at: https://www.nice.org.uk/guidance/ng111

Appendix 1 - Public Health England UTI Diagnostic quick reference tool

NOTE: Although pregnant patients and those over 65 are mentioned in this pathway they are excluded from this service and should be referred to their GP



Appendix 5 - Appendix for Pharmacist Independent (IP) Prescribers

Indemnity Insurance

- It is the responsibility of individual pharmacists to have suitable indemnity insurance cover. Any additional costs incurred to meet the requirement to offer the UTI service will be met by the SPPG. IPs should submit invoices to their local integrated care office (see contact email addresses below)

Guidance on prescribing and dispensing

Pharmacists acting in the dual role of prescribing and supplying medicines should follow the joint RCN and RPS Guidance on Prescribing, Dispensing, Supplying and Administration of Medicines

- The prescribing and dispensing/supply and/or administration of medicines should normally remain separate functions performed by separate health care professionals in order to protect patient safety.
- exceptionally, where clinical circumstances make it necessary and in the interests of the patient, the same health care professional can be responsible for the prescribing, dispensing and/ or supply/administration of medicines
- Where this occurs, an audit trail, documents and processes are in place to limit errors. This should be included in the service SOP

PSNI Standards and Guidance for Pharmacist Independent Prescribers is available at https://www.psni.org.uk/psni/about/code-of-ethics-and-standards/

GMC Good practice in prescribing and managing medicines

Prescription ordering and security

- Prescription pads should be kept in a secure locked area, when not in use and not left unattended or unsecure at any time.
- IPs are responsible for their own prescription pads. Any unused prescriptions should be stored securely for the duration of the IPs employment in the pharmacy. These may be retained for future services requiring IP clinical skills.
- Alternatively, unused prescriptions which become obsolete should be destroyed in line with the pharmacy's confidential waste policy and a record kept of the destruction

All aspects of prescription security should be covered in the service SOP. NHS England counter fraud guidance may provide some useful information

SPPG local offices:
Belfast pharmacyservicesbelfast@hscni.net
South Eastern pharmacyservicesse@hscni.net
Southern pharmacyservicessouth@hscni.net
Northern pharmacyservicesnorth@hscni.net
Western pharmacyserviceswest@hscni.net