NHS
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Briefing for General Practice and Primacy Care Networks

PGD for the treatment of uncomplicated lower UTIs in women aged 16-64

Through the Winter Access Fund, NENC ICS has had approval for a pilot allowing community pharmacies to manage and treat uncomplicated lower UTI in women aged 16-64. This is being supported by all CCGs.

NENC is the 6th highest prescriber of antibiotics for UTI in England, has the highest rate of admissions for UTIs (which is increasing, unlike the national picture), and is the 3rd highest for female community onset cases of E.coli bacteraemia

This service has been approved with the intention of:

- Reducing pressure on general practice, extended access, NHS 111 and urgent and emergency care services
- Providing faster access to antibiotics where required to reduce the risk of E.coli bacteraemia and hospital admission
- Ensuring a robust diagnosis, treatment, follow up and evaluation to ensure antibiotics are being prescribed appropriately

Service model:

Patients will be able to self-present at a participating community pharmacy or be referred by a general practice or NHS111 through the Community Pharmacist Consultation Service. **The list of participating community pharmacies can be found at www.psne.co.uk/**

Pharmacists will work through a detailed module on PharmOutcomes to aid decision making and record keeping, and all supplies of antibiotics (nitrofurantoin) will be communicated to the patient's practice.

In line with the national Antimicrobial Resistance programme board direction that all antibiotic containing PGDs demonstrate safety and efficacy, the pilot will be accompanied by day 3 and day 7 follow up phone calls from the pharmacist in order to facilitate a thorough evaluation of the scheme.

Safety netting is built into the PGD and PharmOutcomes module to ensure that patients with red flag symptoms or those not responding to treatment are signposted or referred appropriately.

The detail of the PGD and inclusion/exclusion criteria are listed in appendix 1

Antimicrobial resistance:

This pilot has been approved by the NENC Integrated Care System Antimicrobial Resistance (AMR) board. The evaluation will demonstrate whether this pilot has:

- Reduced demand for GP appointments for uncomplicated UTI in women aged 16-65
- Affected overall antibiotic use in NENC
- Affected length of antibiotic treatment courses

- Reduced incidence of adverse outcomes from UTI including systemic infection and hospital admissions.

A similar scheme has been running in Scotland for several years and has been shown to reduce overall antibiotic usage as well as reducing general practice workload. A similar service across Wales has also just been announced.

Governance and safeguarding:

A project board is being established which will meet monthly and will receive assurance about both activity and safety. Each incident reported will be discussed at the project board and actions required to amend or improve the PGD and its operation will be made immediately.

Timescale:

The pilot began in July 2022 and will continue for 6 months. Within that period an evaluation will be completed which will inform a commissioning decision thereafter.

Actions for General Practice:

Once you are informed which community pharmacies near you are participating, then please:

- Inform all staff who may come into contact with applicable patients of this service, particularly reception staff
- Refer women aged 16-64 requesting an appointment for a UTI or related symptoms to a participating community pharmacy through the Community Pharmacist Consultation Service

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Appendix 1 – PGD summary

NB – this is an extract of the key relevant information from the PGD.

Inclusion criteria

Healthy, non-pregnant women aged 16-64 years, presenting with:

- Two or more of the 5 key diagnostic signs or other severe urinary symptoms below:
  - dysuria (burning pain when passing urine)
  - nocturia (passing urine more often than usual at night)
  - Urgency
  - Frequency
  - Visible haematuria
- And a positive dipstick test for nitrites

Note: Use dipstick tests for women presenting for treatment in line with updated SIGN guideline sign-160-qrg-uti_web-version.pdf

Exclusion criteria (Refer to current SPC)

- Only one of the key diagnostic symptoms
- Two or more of the key diagnostic symptoms AND a negative dipstick test for nitrites
- Male
- Under 16 years of age
- Patients aged 65 years and over
- Immunocompromised complex multiple morbidities
- Patients currently taking oral antibiotics
- Consider pyelonephritis and refer immediately if suspected:
  - Kidney pain/ tenderness in back under the ribs
  - New / different myalgia, flu like illness
  - Shaking, chills (rigors), temperature 37.9˚C or above
  - Nausea and vomiting
- Elderly patients with confusion suggestive of UTI
- Known hypersensitivity to nitrofurantoin
- Exclude vaginal and urethral causes of urinary symptoms:
  - Vaginal discharge
  - Urethritis
  - Exclude STIs
  - Genitourinary syndrome of menopause
- Acute porphyria
- UTI treated with antibiotics within previous 4 weeks

- More than two episodes of UTI treated under this PGD within previous 12 months
- Catheterised patients
- Haematuria only
- Blood dyscrasias (G6PD deficiency specifically)
- Pregnancy and breast feeding
- Moderate to severe renal impairment (eGFR <45 ml/min/1.73m^2) – also see precautions section below
- Pulmonary disease
- Peripheral neuropathy
- History of kidney stones/renal colic
- Concomitant use of medication that has a clinically significant interaction with nitrofurantoin.

THINK SEPSIS – check for signs/ symptoms using local / national tool e.g. NICE or NEWS2

For a comprehensive list of interactions, please refer to SPC or BNF

Precautions

Patients with an underlying condition that may reduce renal function. This includes patients with the following conditions:

- Diabetes
- Hypertension
- Heart disease
- Known renal dysfunction
- Concomitant use of medication that can adversely affect renal function, such as ACE inhibitors and diuretics.

For these groups of patients, the pharmacist should establish if the patient has had a recent renal function test, and that the eGFR level is above 45 ml/min/1.73m^2. If this information is not available, the patient should be excluded under this service and referred to their Primary Care Clinician.

Please refer to current BNF BNF Online - BNF Publications and SPC for full details Home - electronic medicines compendium (emc)

Action if excluded

- If patient has only one key diagnostic symptom, provide self-care advice and advise the patient to return if further symptoms develop
- If patient has two or more key diagnostic symptoms AND has a negative dipstick test for nitrites, refer to the patient's own GP or urgent treatment centre to consider sending a urine specimen for culture to inform the diagnosis
- If patient meets exclusion criteria, refer to a Primary Care Clinician. In hours contact own GP and out of hours see PharmOutcomes module for list of urgent treatment centres. The

urgency with which a referral needs to be made is based on the presenting symptoms following clinical examination.

- If pyelonephritis or sepsis is suspected, urgent referral to seek medical advice is required
- Record the reason for exclusion and any action taken on PharmOutcomes.

Circumstances in which further advice should be sought from doctor

For excluded patients who have been referred, ensure the following details are recorded on PharmOutcomes:

- The advice given by the pharmacist; both written via patient leaflet and verbal advice recorded as given.
- Details of any referral made

Action if patient declines treatment

If patient declines treatment provide safety netting advice:

- Seek medical attention immediately if condition deteriorates and/or patient becomes systemically unwell
- Seek medical attention if there is little improvement after 3 days of treatment

If patient declines treatment or advice, ensure the following details are recorded on PharmOutcomes:

- The safety netting advice given by the pharmacist
- The intended actions of the patient (including parent or guardian)

Dosage/Dose range:

First line treatment –

- Nitrofurantoin MR 100mg capsules twice daily for 3 days with food

Second line treatment – (only if above is not available)

- Nitrofurantoin 50mg tablets four times a day for 3 days with food

Duration of treatment is 3 days for all formulations

Advice to Patient / Carer (written)

Provide the patient with the manufacturer's Patient Information Leaflet and discuss as necessary.

- Take the MR capsules regularly at 12 hourly intervals with food and complete the course • Tablets should be taken 6 hourly with food to minimise GI reactions

• Advise patients that discoloration of urine may occur
• Drink plenty of fluids but avoid caffeine containing and alcoholic drinks
• Try to empty the bladder when urinating
• Passing water following intercourse may also prevent recurrent attacks
• Attacks may be precipitated by the use of fragranced products
• If symptoms have not improved after 3 days, advise patient to contact their Primary Care Clinician.
• If the condition becomes recurrent, contact Primary Care Clinician for further investigation
• Advise that in 50% of cases, symptoms clear up within 3 days without treatment
• Paracetamol or ibuprofen can be taken to alleviate symptomatic pain or discomfort
• Cranberry juice and urine alkalization products are not proven to be effective.
• It is no longer necessary to use an extra method of contraception with the pill, patch or vaginal ring when taking nitrofurantoin unless the patient experiences diarrhoea and vomiting.
This change in advice comes because to date there is no evidence to prove that antibiotics (other than rifampicin or rifabutin) affect these contraceptives. This is the latest guidance from the Faculty of Sexual & Reproductive Healthcare.
• Provide TARGET leaflet – Urinary Tract Infection TYI-UTI leaflet for women under 65 years

Arrangements for Referral to Medical Advice

- Please follow standard processes for an onward referral for medical advice.

Records

• In discussion with the client enter consultation details onto the relevant module within PharmOutcomes at the time of the consultation. All consultations must be entered onto PharmOutcomes on the day that the consultation takes place.
• Details of the supply must also be made in the patients (PMR) record.
• All supplies of nitrofurantoin must be labelled in accordance with the labelling requirements for a dispensed medicine as stated within Schedule 5 of The Medicines (Marketing Authorisations etc) Regulations 1994. No 3144 as amended. In addition to the above, the label must also state the words “Supplied under a PGD” to help with audit purposes.
• Electronic patient records should be retained for adults for a period of 10 years after attendance and for children until the child is 25 years old.
• If the client is excluded, a record of the reason for exclusion must be documented within PharmOutcomes and any specific advice that has been given.
• In every case when a supply of nitrofurantoin is made in accordance with this PGD, the pharmacist must inform the patient’s GP of the supply within two working days. This will be done through secure nhs.net email accounts via PharmOutcomes once the consultation data has been recorded within the specified module or via automatic MESH messaging. Where no nhs.net account is available to PharmOutcomes, the pharmacist will be informed by the system and must make alternative arrangements to send the information (within two working days).

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