NHS England

Pharmacy First (PGD) Scheme

For

Treatment of Impetigo and

Treatment of Simple UTI in Females

Service Specification April 2017

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Pharmacy First UTI and Impetigo Service Specification 2017

1.0 Introduction

The service aims to provide any eligible patient who is registered with a GP practice contracted to NHS England North Midlands Staffordshire and Shropshire Area (NHSE S&S), with access to medication for the treatment of impetigo and simple urinary tract infection (UTI) via Community Pharmacy. The service will be provided through Community Pharmacies contracted to NHS England North Midlands (Shropshire & Staffordshire Area) who have signed up to provide this service.

1.1 Aims of the scheme

The overall aim of the scheme is to ensure that patients can access self-care advice for the treatment of impetigo and simple urinary tract infection (UTI) and, where appropriate, can be supplied with antibiotics, at NHS expense, to treat their infection. This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from their GP or out of hours (OOH) provider, or via a walk-in centre or accident and emergency.

- Improve patients' access to advice and appropriate treatment for these two common ailments
- Reduce GP workload for these common ailments allowing greater focus on more complex and urgent medical condition
- Promote the role of the pharmacist and self-care
- Improve working relationships between doctors and pharmacists

The service is offered as a quicker alternative for patients to access healthcare. Patients may choose to refuse this service and continue to access treatments in the same way as they have done previously.

The service is only available for the treatment of impetigo in adults and children and un-complicated urinary tract infection (UTI) in adult females. Only medicines specified in the PGDs may be supplied following the correct protocols and only in the pharmacies who have signed up to the service.

2.0 Eligibility for the Scheme

2.1 Patient eligibility

This scheme is available to patients who are registered with a GP practice contracted to NHS England North Midlands Staffordshire and Shropshire Area (NHSE S&S). Patients can access the scheme at any participating pharmacy.

Patients will be asked by the pharmacy to confirm their registration with the GP practice before any supply is made. Where there is doubt, and with the consent of the patient, the pharmacist may check the registration with the GP practice (see point 4.1 below 'Checking GP Registration').

Patients not registered with a GP practice as described above, should be advised appropriately and if antibiotic treatment is thought to be required, they should be signposted to an appropriate provider (this may be their own GP, or if a temporary resident in the area advice given on how to access NHS services locally).

It is anticipated that most patients who will make use of the service will access it via the pharmacy where they currently get their prescriptions dispensed. It is, therefore, expected that the number of telephone calls made to the practice to confirm registration will be minimal.

2.2 Prescription Exemptions

Patients accessing the scheme that are entitled to free prescriptions will receive medication free of charge. All current NHS exemptions (including those with valid pre-payment certificates) are applicable, and the patient must be asked to provide evidence of their exemption. This declaration will need to be recorded electronically on the consultation proforma.

3.0 Service Requirements

3.1 Who can provide the service?

This service can only be provided from community pharmacies contracted to NHS England North Midlands (Shropshire & Staffordshire Area), that have been commissioned to do so, and that have appropriately trained staff available at all times to provide the service.

Pharmacists working at participating pharmacies can provide this Enhanced Service if they have completed the mandatory training requirements. They must document their service readiness using a Declaration of Competence (DoC) specifically for this service.

It is expected that locums and relief pharmacists undertake the relevant training as described below and have access to a copy of this service specification, prior to working in a pharmacy which has been commissioned to provide the service.

3.2 Pharmacist training requirements

The pharmacist will need to log in to the CPPE website and access the DoC section to download the DoC Self-Assessment Framework for Minor Ailments. (Impetigo and simple UTI service is a Level 2 Minor Ailments Service involving supply of POM medication under a PGD).

The DoC framework document allows the pharmacist to assess their readiness against the mandatory core competencies (consultation skills and safeguarding) as well as suggesting other training they may find useful in regard to minor ailments and PGDs.

The pharmacist then needs to download their personalised Minor Ailments DoC (interactive PDF document).

Section 1 of the DoC will automatically contain details of all CPPE training and assessments they have undertaken and which are relevant to this service.

In section 2 the pharmacist will need to add details of the mandatory training they have completed. Namely that they have worked through the CKS summaries on impetigo and simple UTIs. They must ensure that they have the correct clinical knowledge to provide the service.

The pharmacist should then print their DoC and add the heading “Staffordshire and Shropshire Pharmacy First for Impetigo and Simple UTIs”. It must then be signed and dated to complete the

process. The pharmacist must confirm on the CPPE website that they have completed and signed the DoC.

The accuracy of the DoC is the pharmacist's professional responsibility.

All pharmacists working at participating pharmacies and providing the scheme should ensure that they continue, through continuing education and CPD, to keep up to date with guidance issued around of the treatment of impetigo and simple UTIs.

In order to record the consultations on PharmOutcomes the pharmacist must complete a pharmacist enrollment form within the Impetigo and UTI module. They must give the CPPE system permission to allow PharmOutcomes to access their CPPE record in order to confirm completion of the DoC for this service. If this was not done while on the CPPE website a link within the PharmOutcomes pharmacist enrollment module will take the pharmacist to the relevant part of the CPPE website.

3.3 Additional requirements

The pharmacy must have an accredited consultation area which has been approved for Advanced Services for the consultations to take place. All consultations must take place in a confidential environment.

The pharmacy must have an SOP in place to cover the service.

It is expected that the pharmacy is HLP Level 1 accredited, or working towards accreditation.

The pharmacy contractor will provide a professional consultation service for patients registered with participating GPs who present with one of the specified conditions as detailed in this document, along with any subsequent amendments as agreed jointly between NHS England North Midlands (Shropshire & Staffordshire Area) and the Local Pharmaceutical Committees within this geographical boundary. This agreement will be in writing signed by the pharmacist in charge or designated representative for the contractor and be considered an Enhanced Service

4.0 Duties of Community Pharmacists

4.1 Checking GP Registration

Before proceeding to supply treatment under the scheme the pharmacist MUST ask the patient to confirm they are registered with a GP practice contracted to NHS England North Midlands (NHSE Shropshire &Staffordshire)

This may be done by:

- checking the patient's PMR, if the patient is already collecting prescriptions from that pharmacy;
- asking the patient to show the repeat prescription slip;
- knowing the patient to be registered with the GP practice;
- medical card

Where a pharmacist is unsure of the patient's registration at an eligible GP practice or feels that a patient may be attempting fraudulent use of the scheme they may telephone the patient's GP for

confirmation of the patient's registration with the consent of the patient. The pharmacist should offer the patient's details i.e. name, date of birth and postcode or address and merely ask the GP surgery to confirm 'yes' or 'no' whether the patient is registered with the practice. The pharmacy should not expect the GP surgery to offer any other patient information as the pharmacist should already be in receipt of this from the patient.

4.2 Consultation Form

The pharmacist must complete one consultation record for every patient. The consultation should be recorded on PharmOutcomes, either live during the consultation or the paper Proforma (Appendix 2) can be used where no live connection is available. The details of the consultation should be entered onto PharmOutcomes as soon as possible after the consultation has taken place and in all cases before the end of the next working day. If the consultation is initially recorded on the paper Proforma, the patient must be asked to sign the Patient Consent form (Appendix 5). This form does not have to be completed if the consultation data is entered directly onto PharmOutcomes. The PharmOutcomes system will send a secure email to the patient's GP to inform of the supply so that the information can be added to the patients' medical record. Where a secure email address is not available for a practice the PharmOutcomes system will inform the pharmacy that they need to inform the practice using a different, secure method.

4.3 Consultation

The pharmacist must carry out a professional consultation with reference to the appropriate PGDs which should involve:

- Patient assessment
- Review of the patients Summary Card Record if applicable and explicit consent given.
- Provision of advice. As part of the advice they must explain most uncomplicated UTIs resolve in a few days without antibiotic treatment, this will help reinforce the message on the need to reduce antibiotic usage.
- For women who present with less than three indicative symptoms of lower UTI, who are *not* catheterized, a urine dipstick test MUST be done to check for the presence of leucocytes and nitrites (Appendix 3)
- Completion of the PharmOutcomes Consultation Module or ProForma (Appendix 2). If the paper-based proforma is completed during the consultation, the information must be uploaded onto PharmOutcomes within 2 working days of the consultation, and the Patient Consent form completed (Appendix 5)
- Supply of appropriate medication, only if appropriate, from the agreed formulary appropriate to the patient's condition
- Inform patient's GP of the supply within two working days from when the consultation takes place. The PharmOutcomes system will send a secure email to the patient's GP to inform of the supply so that the information can be added to the patient's medical record. Where a secure email address is not available for a practice, the PharmOutcomes system will notify the pharmacy that they need to inform the practice using a different, secure method.

The patient should attend the pharmacy in person in order receive a consultation and if appropriate a supply of medication, in the same way they would be required to attend at the doctor's surgery to see the GP and then to obtain a prescription.

Patients under the age of 16 must be accompanied by a parent/guardian when they visit a participating pharmacy. NB Parent/ guardian MUST always bring the child with them to the pharmacy in order for a full assessment to be carried out by pharmacist. The parent/guardian can consent to the patient receiving the service.

The patient should be asked to pay the prescription levy charge or declare the exemption applicable and sign the back of the patient exemption form (Appendix 1) in the same way as they sign a prescription. The person signing the form should have the declaration explained to them before they sign, especially if it is the first time they have accessed the service, and it should be highlighted that the information will be shared with their GP and NHS England North Midlands. Where the patient is a minor or is not competent to sign the form, then the patient's representative should sign the form, in the same way as they do for a prescription.

Where no exemption from prescription charges applies, the pharmacy must collect the appropriate prescription charge and this amount will be deducted from the payment made to the pharmacy for service provision.

The consultation and supply should be recorded on the pharmacy PMR system

Please note that consultations are paid when a medicine has been supplied. The pharmacist can also claim a lower consultation fee if no medicine is required as any advice given is done so in accordance with the PGD, and as such is not designated as an Essential Service. Correct fees will be applied by PharmOutcomes automatically, based on the information recorded.

All consultations must be carried out by a pharmacist.

It is of paramount importance that all providers of this scheme note that normal rules of patient confidentiality apply.

4.4 Urgent referral to GP

In a situation where a patient presents with a symptom(s) that requires referral to their GP or other healthcare professional (urgent or otherwise), the pharmacist must complete the 'Referral from Community Pharmacy' (Appendix 4) with the patients details, reasons for the referral including assessment of urgency , and details of the pharmacist referring. This information will also need to be recorded within PharmOutcomes. The patient must confirm that they understand the urgency with which they need to seek healthcare support, and take a copy of the referral form with them.

If the patient has been referred to the pharmacy service via a Care Navigation Pathway and is symptomatic, but is excluded under the PGD, the pharmacist must make all reasonable attempts to contact the patients GP practice to arrange for an appointment.

If the patients GP practice is closed and/or the symptoms are sufficiently severe to warrant a referral to a doctor, the patient must be advised to contact the Out-of-Hours service or attend A&E immediately. A referral form should still be completed in these cases, unless symptoms appear life-threatening, in which case the pharmacist must dial 999 and provide the attending Paramedics with any relevant information.

4.5 Record Keeping and Labelling Requirements

A record of every consultation must be made on PharmOutcomes. (NB only consultations recorded on PharmOutcomes will comply with record keeping requirements and result in a payment being made for the service). The log-on details for PharmOutcomes is pharmacy specific, if pharmacists move between pharmacies they cannot use the same PharmOutcomes log-on.

Within the PharmOutcomes Impetigo and UTI module there is a pharmacist enrollment module which must be completed by the supplying pharmacist the first time that they access this module.

Once completed, this pharmacist enrollment will be recognised at all pharmacies offering the Impetigo and UTI service in Staffordshire and Shropshire.

In addition, a record of any medication supplied through this scheme should be documented in the Patients Medication Record (PMR) on the pharmacy IT system.

All supplies must be labelled in line 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.

All records, electronically or otherwise must be kept in accordance with NHS record keeping and Community Pharmacy Information Governance requirements. Recommendations for the retention of pharmacy records for minor clinical interventions are 2 years. This includes the patient consent record

(http://www.pjonline.com//news/recommendations_for_the_retention_of_pharmacy_records)

4.6 Incident Reporting and Complaints

All incidents should be recorded as part of the pharmacy's clinical governance procedures (refer to Essential Service 8 – Clinical Governance, Community Pharmacy Contractual Framework)

Pharmacies will also be expected to follow appropriate complaints procedures in accordance with NHS policy, where issues arise so that improvements can be made following significant events or errors.

Pharmacies should also note that by signing up to participate in this scheme they are entering into an agreement to offer a service with NHS England North Midlands (Shropshire & Staffordshire Area). Pharmacies will therefore be subject to the right of inspection by NHS England and/or Healthwatch England representatives in line with NHS guidance.

5.0 Duties of NHS England North Midlands (Shropshire & Staffordshire Area)

NHS England North Midlands (Shropshire & Staffordshire Area) will be responsible for production, approval and updating the SLA and PGDs for this service.

NHS England will be responsible for ensuring timely payments are made to community pharmacies which are participating in the scheme, and will be responsible for dealing with operational and payment based queries.

NHS England will, alongside relevant CCG partners and Local Pharmaceutical Committees, undertake monthly audits of the scheme, including review of consultation data and budget analysis. Post payment verification checks may also be made.

6.0 Service Funding and Payment Procedures

6.1 Submission of claims

Pharmacies must enter consultations onto PharmOutcomes which automatically generates a claim for payment.

Payments will be made on a monthly basis, and this will be done as a Local Payment via the NHS Business Services Authority, and will therefore appear on the monthly FP34c statement. All payments will be made at the end of the month following that to which the payment relates.

6.2 Service payments

The pharmacy will be paid according to the following schedule.

Fee per consultation £10.00 (where medication is supplied)

Medication costs at Drug Tariff prices plus 20% VAT

Fee for full consultation where either no antibiotic is supplied or rapid referral occurs £8.00

6.3 Consumables

The re-imbursement fee for any sample bottles provided as part of this service will be £0.10 each plus 20% VAT

The re-imbursement fee for each individual dipstick (Siemens Multistix GP pack of 25 or equivalent) used as part of this service will be £0.60 plus 20% VAT

Prices of medication and consumables will be reviewed and updated accordingly on a monthly basis from the Drug Tariff, and the Chemist and Druggist.

NHS England will make provision for each pharmacy to be provided with a clinical waste bin if required, and will arrange for periodic collections when bins are full.

7.0 Contractual Period

This agreement is for the period **31st March 2017** to **31st March 2018**

8.0 Termination of the Service

The pharmacy or NHS England may terminate participation in the scheme by giving written notice of their intention at least 28 days before the service end date. No reason needs to be given for the termination of the agreement.

It should be noted that if the scheme is unsuccessful it may be terminated to allow investment in other areas. In addition, if the scheme is successful beyond the initial budget estimates, the scheme may be restricted or suspended pending further budgetary work.

If for whatever reason, the pharmacy does not fulfil its obligation to provide all Essential Services under the pharmacy contractual framework then the pharmacy will become ineligible to provide this enhanced service.

9.0 Confidentiality

Both parties shall adhere to the requirements of the Data Protection Act 1988 and the Freedom of Information Act 2000

10.0 Indemnity

The pharmacy shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement.

Any litigation resulting from an accident or negligence on behalf of the pharmacy is the responsibility of the pharmacy who will meet the costs and any claims for compensation, at no cost to NHS England.

Appendix 1

Declaration of exemption

To be completed by the patient if they are exempt from prescription fees

Patient Name……Date Of Birth……

The patient does not pay because:

A	☐	**is under 16 years of age**
B	☐	**is 16, 17 or 18 and in full-time education**
C	☐	**is 60 years of age or over**
D	☐	**has a valid maternity exemption certificate**
E	☐	**has a valid medical exemption certificate**
F	☐	**has a valid prescription prepayment certificate**
G	☐	**Has a war pension exemption certificate**
L	☐	**is named on a current HC2 charge certificate**
H	☐	***gets income support**
K	☐	***gets income based jobseeker's allowance**
M	☐	***Is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate**
S	☐	***Has a partner who gets Pension Credit guarantee credit**

* Name Date of birth NI number

I am the ☐ patient ☐ patient's representative

To be completed by the Patient/patients representative

I received ……(insert number) medicine(s) from this pharmacy

Signed: …… Date: ……

Was evidence of exemption seen? ☐ Yes ☐ No

Nitrofurantoin PGD to treat uncomplicated UTI (females 16yrs +)

Date		Patient Name and DOB	
GP Practice		Address including Postcode	

Please note: The service is only available to females who are registered with a GP in Staffordshire or Shropshire.

Inclusion Criteria

Women aged 16yrs and over with 3 of the listed symptoms:

Dysuria		Urinary frequency / urgency		Lower abdominal pain	
Blood in urine (haematuria)		Polyuria		Fever / Chills	

Patients may also have suprapubic pain, cloudy or foul smelling urine.
Vaginal discharge reduces the likelihood of the woman having a bacterial UTI.

Women aged 16yrs and over with 2 or less of the listed symptoms:
If female presents with one or two symptoms they can be treated if there is a strong possibility of UTI when tested with a dipstick. - **A nitrite and/or leucocytes dipstick must be positive.**

Dipstick Results (where used)

Positive nitrite (+/- leucocyte, +/- protein) = Probable UTI		Negative nitrite (+ leucocyte) = Possible UTI	
Negative nitrite and leucocyte (+ protein) = Unlikely UTI		All dipstick tests negative = UTI very unlikely	

General Advice on UTIs to be given to all females taking part in the service.

To support the worldwide drive to reduce antibiotic usage please inform clients that about half of women will be free from symptoms within 3 days even with no treatment *(If client decides to delay treatment, you will still be paid for completing the consultation)*			
Drink plenty of fluid – 3L per day.			
Avoid caffeine containing & alcoholic drinks		Try to empty bladder when urinating	
May be precipitated by fragranced products		Importance of personal hygiene	
Paracetamol / ibuprofen for pain/discomfort		Cranberry juice & alkalizing prods – no evidence	
To prevent the recurrence of UTI the following measures can help - Maintain an adequate fluid intake. Ensure the bladder is fully emptied. Empty bladder after sexual intercourse			

Exclusion Criteria (service for females age 16yrs + only)

Male		Elderly patients with confusion suggestive of UTI	
Patients aged 75 years and over		Known hypersensitivity to Nitrofurantoin	
Patients with back or loin pain and pyrexia, consider Pyelonephritis- refer to immediately (other possible symptoms include chills, nausea, vomiting, headache, rigors)		Concomitant use of medication that has a clinically significant interaction with Nitrofurantoin. For a comprehensive list of interactions, please refer to SPC or BNF	
Recurrent 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 or Breastfeeding	
Renal Impairment (eGFR <45ml/min)		Pulmonary disease	
Peripheral neuropathy		History of kidney stones / renal colic	
Refused consent		Acute porphyria	

Referral Information

If patient is excluded refer to GP for advice and treatment and also advise on support for self-care if appropriate.
A copy of this form may be used as a referral form if the pharmacist wishes.
If the patient has been referred to the pharmacy service via a Care Navigation Pathway and is symptomatic, but is excluded under the PGD, the pharmacist must make all reasonable attempts to contact the patients GP practice to arrange for an appointment.

Medication Supply under PGD

In order for medication to be supplied the patient must give consent for information to be shared with their GP. The PharmOutcomes system will automatically inform the patients GP practice. **Patients should only be given suspension if swallowing capsules/tablets is absolutely not possible for that patient.**

Nitrofurantoin 50mg tablets four times a day for 3 days OR Nitrofurantoin MR 100mg capsules twice daily for 3 days OR supply 25mg/5ml suspension (dose 50mg (10ml)) four times daily for 3 days. Should be taken with food. Label must state "Supplied under PGD"

Preparation supplied:	50mg tablets (x 12)	
	100mg S/R capsules (x 6)	
	25mg/5ml Suspension (x 120ml)	

The following advice MUST be given on every supply. (More comprehensive list of cautions + side effects in SPC)

Patient information leaflet given and discussed as necessary	
Nitrofurantoin may cause dizziness and drowsiness. Patients should be advised not to drive or operate machinery if affected until such symptoms stop.	
Discolouration of the urine to yellow or brown is common.	
Take all preparations with food to minimise GI effects and complete the course.	
Take the MR capsules regularly at 12 hourly intervals. Suspension or tablets regularly at approx. 6 hourly intervals	
Possible side effects GI disturbances (nausea, vomiting) Pruritis. Skin rashes. Abdominal pain + diarrhoea	
Severe adverse reactions are rare, but there have been reports of the following effects; Acute pulmonary reactions; Neurological effects including peripheral neuropathy; Severe allergic skin reactions including erythema multiforme; Haematological effects which are generally reversible on cessation of treatment.	
Report adverse reactions to pharmacy	
Advise clients to see GP if condition not improved after 3 days or if UTI becomes a recurring problem	
To prevent the recurrence of UTI the following measures can help - Maintain an adequate fluid intake. Ensure the bladder is fully emptied. Empty bladder after sexual intercourse	

Final Checklist. Complete all sections.

Consultation Outcome:

Patient excluded from PGD supply. Referred to GP		Consultation completed and patient has decided to defer antibiotic treatment		Supply made under PGD	

Where a supply was made, the following must also be completed:

PMR entry completed		Nitrofurantoin labelled "Supplied under PGD"		Patient consent collected?	
Levy collected?		Exemption form signed?			

Please note: Exemption forms should be retained in the pharmacy in case requested by NHS England.

For consultations carried out without a live PharmOutcomes connection the patient must sign the declaration. Otherwise consent is recorded electronically.

Client's Signature:	**Date:**

Pharmacists Name:	**GPhC number:**	**Signature:**	**Date:**

Impetigo PGD – Shropshire Pharmacies

Date		Patient Name and DOB	
GP Practice		Address including Postcode	

Please note: The service is only available to patients who are registered with a GP in Staffordshire or Shropshire

Consent: All patients who access this service must give consent for information to be shared with their GP. If patient under the age of 16 years - must attend with a parent / guardian who must give consent.

Inclusion Criteria

Lesions that begin as vesicles or pustules, that rapidly evolve into gold-crusted plaques (typically up to 2cm in diameter)	
Generally painless, but sometimes itchy	
Affecting areas of the face, typically around the mouth and nose	

Pharmacist to give advice on Impetigo

Care should be taken to avoid contagious spread of impetigo. It is generally suggested that advice to families should recommend:

Wash the affected areas with soapy water	
Wash hands after touching a patch of impetigo	
Avoid scratching affected areas, and keep fingernails clean and cut short	
Avoidance of sharing towels, flannels and so on until the infection has cleared	
Children and adults should stay away from school or work until the lesions are dry and scabbed over, or, if the lesions are still crusted or weeping, for 48 hours after antibiotic treatment has started.	

Exclusion Criteria

Bullous impetigo		Age less than 1 year	
Patients who are systemically ill must be referred to GP		Significant inflammation around lesions - possible cellulitis. **Requires urgent referral**	
Lesions that are painful		Renal and/or hepatic impairment	
Recurrent impetigo infection treated within previous 4 weeks			

Treatment Options under PGD. *All Treatment is for 7 Days*

Where treatment under PGD is indicated: Which of the following apply?

Where patient can take penicillin? Supply flucloxacillin for 7 days		Penicillin allergy/sensitivity Supply Clarithromycin for 7 days	

Patients should report any serious adverse reaction to the pharmacist:

The pharmacist should notify patient's GP, record the information on the PMR, complete and submit a yellow card.

Flucloxacillin Supply – 7 day supply see PGD

Exclusion Criteria

Allergy/hypersensitivity to Penicillins		Renal or Hepatic impairment	
Taking medication with clinically sig interaction. The following list is not exhaustive. - Anticoagulants - Methotrexate – Probenecid. Check BNF and/or SPC			

Use oral capsules for all age groups providing they can be swallowed. Doses should be administered on an empty stomach at least half to one hour before meals

Usual children's dosage: *Dosage is dependent on age, weight and severity of infection. Refer to cBNF and BNF*

Under 2 years; 62.5mg–125mg four times a day*

Aged 2-9 years; 250mg four times a day

Aged 10-12 years; 250mg-500mg four times a day*

* Use the higher dosage in each age range unless judged necessary to use lower cBNF dose

Note: In children, sugar-free versions of Flucloxacillin suspension may have a poor taste leading to reduced compliance. In discussion with parent/guardian consider sugar-containing preparation.

Usual adult dosage (12 yrs+): 500mg four times a day **PTO**

Counselling for Flucloxacillin

Provide information leaflet and discuss as necessary		Take doses at regular six hourly intervals if possible on an empty stomach,	
Complete the course		If symptoms have not improved after 5 days, advise patient to contact their GP	
The most common side effects associated with Flucloxacillin use include - Diarrhoea, Nausea, Vomiting, Skin rash		Severe adverse reactions are rare, but anaphylaxis (delayed or immediate) has been reported and requires immediate medical treatment.	
Store capsules below 25 degrees		Store syrup in refrigerator and shake before each use	

FSRH no longer advises additional precautions when using Flucloxacillin with combined hormonal contraception. NB If antibiotic (+/or the condition itself) causes vomiting or diarrhoea in patient on CHC, additional precautions required

Clarithromycin Supply - 7 day supply see PGD

Exclusion Criteria

Allergy/hypersensitivity to Clarithromycin		Renal and/or hepatic impairment	
History of QT prolongation or ventricular cardiac arrhythmia		Hypokalaemia	
Pregnancy		Breastfeeding	
Concomitant use of medication that has a clinically significant interaction with Clarithromycin. **Check BNF/SPC** This list is not comprehensive: Drugs metabolised by cytochrome P450 system - includes: oral anticoagulants, ergot alkaloids, phenytoin, ciclosporin and valproate. Also HMG-CoA reductase inhibitors such as Simvastatin			

Use oral tablets for all age groups providing they can be swallowed.

Children's dosage: (All children aged 1 to 11 years) *Dosage is dependent on age, weight and severity of infection. Refer to cBNF and BNF*

Body weight up to 8kg: 7.5mg/kg twice daily 8-11kg: 62.5mg twice daily 12-19kg: 125mg twice daily
20-29kg: 187.5mg twice daily 30-40kg: 250mg twice daily

Note: Granules of the oral suspension can cause a bitter aftertaste when remaining in the mouth. This can be avoided by eating or drinking something immediately after the intake of the suspension

Usual adult dosage (12 yrs+): 500mg twice daily

Counselling for Clarithromycin

Provide information leaflet and discuss as necessary		Take doses at regular twelve hourly intervals	
Complete the course		If symptoms have not improved after 5 days, advise patient to contact their GP	
Store tablets and syrup below 25^{o}C			
The most common side effects include - Diarrhoea, Nausea, Vomiting, Abdominal Pain, Metallic or bitter taste, Indigestion, Headache		Severe adverse reactions are rare, but anaphylaxis (delayed or immediate) has been reported and requires immediate medical treatment	
If person develops severe diarrhoea during or after treatment with Clarithromycin, consider pseudomembranous colitis and refer immediately.		Check current meds / any OTCs for potential interactions	

Medication Supply Information:

Drug, presentation and quantity given……

Where a supply was made, the following must also be completed:

PMR entry completed		Tablets labelled "Supplied under PGD"		Patient consent collected?	
Levy collected?		Exemption form signed? NB retain in pharmacy in case requested by NHSE			

For consultations carried out *without* a live PharmOutcomes connection the patient must sign the declaration. Otherwise consent is recorded electronically.

Client's Signature:			**Date:**
Pharmacists Name:	**GPhC number:**	**Signature:**	**Date:**

Impetigo PGD – Staffordshire Pharmacies

Date		Patient Name and DOB	
GP Practice		Address including Postcode	

Please note: The service is only available to patients who are registered with a GP in Staffordshire or Shropshire

Consent: All patients who access this service must give consent for information to be shared with their GP. If patient under the age of 16 years - must attend with a parent / guardian who must give consent.

Inclusion Criteria

Lesions that begin as vesicles or pustules, that rapidly evolve into gold-crusted plaques (typically up to 2cm in diameter)	
Generally painless, but sometimes itchy	
Affecting areas of the face, typically around the mouth and nose	

Pharmacist to give advice on Impetigo

Care should be taken to avoid contagious spread of impetigo. It is generally suggested that advice to families should recommend:

Wash the affected areas with soapy water	
Wash hands after touching a patch of impetigo	
Avoid scratching affected areas, and keep fingernails clean and cut short	
Avoidance of sharing towels, flannels and so on until the infection has cleared	
Children and adults should stay away from school or work until the lesions are dry and scabbed over, or, if the lesions are still crusted or weeping, for 48 hours after antibiotic treatment has started.	

Exclusion Criteria

Bullous impetigo		Age less than 1 year	
Patients who are systemically ill must be referred to GP		Significant inflammation around lesions - possible cellulitis. **Requires urgent referral**	
Lesions that are painful		Renal and/or hepatic impairment	
Recurrent impetigo infection treated within previous 4 weeks			

Treatment Options under PGD. *All Treatment is for 5 Days*

Where treatment under PGD is indicated: Which of the following apply?

Where patient can take penicillin? Supply flucloxacillin for 5 days		Penicillin allergy/sensitivity Supply Clarithromycin for 5 days	

Patients should report any serious adverse reaction to the pharmacist:

The pharmacist should notify patient's GP, record the information on the PMR, complete and submit a yellow card.

Flucloxacillin Supply – 5 day supply see PGD

Exclusion Criteria

Allergy/hypersensitivity to Penicillins		Renal or Hepatic impairment	
Taking medication with clinically sig interaction. The following list is not exhaustive. - Anticoagulants - Methotrexate – Probenecid. Check BNF and/or SPC			

Use oral capsules for all age groups providing they can be swallowed. Doses should be administered on an empty stomach at least half to one hour before meals

Usual children's dosage: *Dosage is dependent on age, weight and severity of infection. Refer to cBNF and BNF*

Under 2 years; 62.5mg–125mg four times a day for 5 days*

Aged 2-9 years; 250mg four times a day for 5 days

Aged 10-12 years; 250mg-500mg four times a day for 5 days*

* Use the higher dosage in each age range unless judged necessary to use lower cBNF dose

Note: In children, sugar-free versions of Flucloxacillin suspension may have a poor taste leading to reduced compliance. In discussion with parent/guardian consider sugar-containing preparation.

Usual adult dosage (12 yrs+): 500mg four times a day for 5 days **PTO**

Counselling for Flucloxacillin

Provide information leaflet and discuss as necessary		Take doses at regular six hourly intervals if possible on an empty stomach,	
Complete the course		If symptoms have not improved after 5 days, advise patient to contact their GP	
The most common side effects associated with Flucloxacillin use include - Diarrhoea, Nausea, Vomiting, Skin rash		Severe adverse reactions are rare, but anaphylaxis (delayed or immediate) has been reported and requires immediate medical treatment.	
Store capsules below 25 degrees		Store syrup in refrigerator and shake before each use	

FSRH no longer advises additional precautions when using Flucloxacillin with combined hormonal contraception. NB If antibiotic (+/or the condition itself) causes vomiting or diarrhoea in patient on CHC, additional precautions required

Clarithromycin Supply - 5 day supply see PGD

Exclusion Criteria

Allergy/hypersensitivity to Clarithromycin		Renal and/or hepatic impairment	
History of QT prolongation or ventricular cardiac arrhythmia		Hypokalaemia	
Pregnancy		Breastfeeding	
Concomitant use of medication that has a clinically significant interaction with Clarithromycin. **Check BNF/SPC** This list is not comprehensive: Drugs metabolised by cytochrome P450 system - includes: oral anticoagulants, ergot alkaloids, phenytoin, ciclosporin and valproate. Also HMG-CoA reductase inhibitors such as Simvastatin			

Use oral tablets for all age groups providing they can be swallowed.

Children's dosage: (All children aged 1 to 11 years) ***Dosage is dependent on age, weight and severity of infection. Refer to cBNF and BNF***

Body weight up to 8kg: 7.5mg/kg twice daily **8-11kg: 62.5mg twice daily** **12-19kg: 125mg twice daily**
20-29kg: 187.5mg twice daily **30-40kg: 250mg twice daily**

Note: Granules of the oral suspension can cause a bitter aftertaste when remaining in the mouth. This can be avoided by eating or drinking something immediately after the intake of the suspension

Usual adult dosage (12 yrs+): 500mg twice daily

Counselling for Clarithromycin

Provide information leaflet and discuss as necessary		Take doses at regular twelve hourly intervals	
Complete the course		If symptoms have not improved after 5 days, advise patient to contact their GP	
Store tablets and syrup below 25^{o}C			
The most common side effects include - Diarrhoea, Nausea, Vomiting, Abdominal Pain, Metallic or bitter taste, Indigestion, Headache		Severe adverse reactions are rare, but anaphylaxis (delayed or immediate) has been reported and requires immediate medical treatment	
If person develops severe diarrhoea during or after treatment with Clarithromycin, consider pseudomembranous colitis and refer immediately.		Check current meds / any OTCs for potential interactions	

Medication Supply Information:

Drug, presentation and quantity given……..

Where a supply was made, the following must also be completed:

PMR entry completed		Tablets labelled "Supplied under PGD"		Patient consent collected?	
Levy collected?		Exemption form signed? NB retain in pharmacy in case requested by NHSE			

For consultations carried out *without* a live PharmOutcomes connection the patient must sign the declaration. Otherwise consent is recorded electronically.

Client's Signature:	**Date:**

Pharmacists Name:	**GPhC number:**	**Signature:**	**Date:**

Appendix 3

URINE DIPSTICK ANALYSIS WITH MULTISTIX GP

(*refer to manufacturer's instructions if using an alternative dipstick)

1. Collect fresh urine specimen in a clean, dry container. Mix well immediately before testing. All samples should be midstream:

- The patient washes hands and opens the collection cup without touching the inside of the cup
- Clean the urethral area with an antiseptic
- Patient should be advised not to touch the cup to the urethra or any skin when collecting the sample
- If the container/sample becomes contaminated with faeces, pubic hair or other substances, then a new collection cup/sample needs to be used.
- The patient must then urinate for 5 seconds, move the collection cup into the urine stream, fill the collection cup, remove the cup and continue urinating, making sure that that no skin aside from the urethra touches the urine.
- Place the lid on the collection cup.

2. Remove one strip from the bottle of strips and replace the cap. Completely immerse reagent areas of the strip in the urine and remove immediately to avoid dissolving out of reagents.
3. While removing, run the edge of the strip against the rim of the urine container to remove excess urine. Hold the strip in a horizontal position to prevent possible mixing of chemicals from adjacent reagent areas and/or contaminating the hands with urine.
4. Compare reagent areas to corresponding colour chart on the bottle label at the time specified. Hold strip close to colour blocks and match carefully. Avoid laying the strip directly on the colour chart, as this will result in the urine soiling the chart.

PROPER READ TIME IS CRITICAL FOR OPTIMAL RESULTS.

The following are specific readings and timings required for diagnosis of UTI.

- Read protein, blood, and nitrite at 60 seconds;
- Read leukocytes at 2 minutes.

Colour changes that occur after 2 minutes are of no diagnostic value.

Reporting Results

Results are reported in the amounts expressed on the charts on the bottle label.

Expected Values

Nitrite

This test relies on the breakdown of urinary nitrates to nitrites, which are not found in normal urine. Many Gram-negative and some Gram-positive bacteria are capable of producing this reaction and a positive test suggests their presence in significant numbers. A negative test does not rule out a UTI.

Blood

The significance of the trace reaction may vary among patients and clinical judgement is required for assessment in an individual case. Development of green spots or green colour on the reagent area within 60 seconds indicates the need for further investigation.

False positive readings are most often due to contamination with menstrual blood; they are also seen with dehydration which concentrates the number of RBCs produced, and exercise.

False negative readings: captopril, vitamin C, proteinuria, elevated SG, pH less than 5.1 and bacteriuria.

Protein

Normally no protein is detectable in urine, although a minute amount is excreted by the normal kidney. A colour matching any block greater than trace indicates significant proteinuria. For urine with a high specific gravity, the test area may most closely match the trace colour block even though only normal concentrations of protein are present. Clinical judgement is needed to evaluate the significance of trace results.

Leukocytes

Normal urine specimens generally yield negative results. Positive results (small or greater) are clinically significant. Trace results observed individually may be of questionable clinical significance. Trace results observed repeatedly may be clinically significant. Positive and repeated trace results indicate the need for further testing of the patient and/or urine specimen.

Interpreting urine dipstick results:	
Positive nitrite (+/- leucocyte +/- protein)	= **probable UTI**
Negative nitrite and positive leucocyte	= **possible UTI**
Negative nitrite and leucocyte, +ve blood or protein	= **consider other diagnosis**
All dipstick tests negative	= **UTI very unlikely**

Appendix 4

Referral from Community Pharmacy

Patient's name:……

Patient's D.O.B:……

Patient's address:……

……

The patient named above has accessed the Pharmacy First Scheme for Treatment of Impetigo/Simple UTI and following assessment by the pharmacist on duty a referral has been recommended based on the following information;

Pharmacist's comments:……

……

……

Indication of urgency (please tick):

- **Accident and Emergency** ☐
- **Contact GP or other HCP within 24 hours** ☐
- **Contact GP or other HCP within …….. days if symptoms do not resolve** ☐

Pharmacist's name (PRINT).....

Pharmacy telephone number……..

Pharmacy address……

……

Date and time……

Pharmacist signature.....

Please ensure that this form is given to your GP or other Healthcare Professional

Appendix 5

Patient Consent

Pharmacy Stamp

Consent to participate in the:

Pharmacy First (PGD) Scheme for UTI and Impetigo

Patient name and address	BAG LABEL

I agree that the information obtained during the service can be shared with:

- my doctor (GP) to help them provide care to me
- NHS England (the national NHS body that manages pharmacy and other health services) to allow them to make sure the service is being provided properly by the pharmacy
- NHS England, the NHS Business Services Authority (NHSBSA) and the Secretary of State for Health to make sure the pharmacy is being correctly paid by the NHS for the service they give me

Signature	
Date	

Appendix 6

PHARMACY FIRST UTI & IMPETIGO SERVICE 2017/18

SIGNED AGREEMENT

****FOR BRANCHES OF MULTIPLE PHARMACY GROUPS, THIS AGREEMENT SHOULD BE COMPLETED BY AN AUTHORISED PERSON(S) AT HEAD OFFICE**

On behalf of (Pharmacy Name and Address)

……

Contractor Code (F Code)……..

I have read and understood the terms in this service specification and agree to provide the standard of service specified.

Signature……

Print name……

Designation……

Date……..

*If signing on behalf of several branches, please attach the list of branches to this form to confirm their participation in the service.

On behalf of NHS England North Midlands (Staffordshire and Shropshire Area), I commission the above pharmacy to provide the service detailed in this service specification for the Pharmacy First UTI & Impetigo Service.

Signature (on behalf of NHS England) :

R Woods.

Print name : Rebecca Woods

Designation: Head of Primary Care – NHSE North Midlands **Date 31st March 2017**

Please return a signed copy of this form by email to a.pickard@nhs.net or post to

Andrew Pickard, NHSE North Midlands, Anglesey House, Wheelhouse Road, Rugeley, WS15 1UL