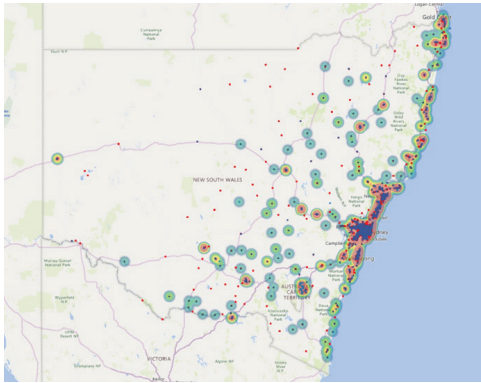


Pharmacist-led UTI care: Key findings from the PATH-UTI trial

THE PATH-UTI TRIAL AT A GLANCE



**>1,000
pharmacies**

participated in the PATH-UTI trial across metropolitan, regional, rural and remote NSW

**80.9%
of women**

completed the NSW PATH-UTI trial follow-up survey

**>17,000
women**

aged 18 to 65 years took part in the trial

**18,000+
consultations**

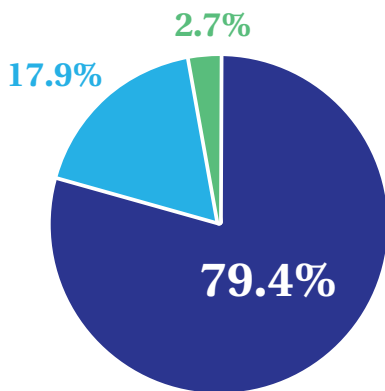
provided by pharmacists over 10 months

9 out of 10

women had an overall positive experience with the service

SAFETY AND EFFECTIVENESS DATA

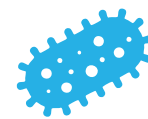
Patient symptoms 7 days after pharmacy consultation



**79.4%
of participants**

reported complete symptom resolution at day 7

- Symptoms resolved
- Symptoms improved but not fully resolved
- Symptoms did not improve or worsened



Antimicrobial resistance trends during the trial matched expected results, suggesting the service did not contribute to additional antimicrobial resistance

~5%

of participants experienced side effects, consistent with previously reported rates

~0.3%

of participants experienced serious side effects

**~99%
of consultations**

followed clinical protocols



7.3% of participants

were referred to a GP or emergency department, ensuring timely care

Trust between pharmacists and GPs, especially in rural and regional areas, is built on:



Strong collaboration



Open communication



Leadership



Shared patient-centred care

Where care happened



71%

of pharmacy consultations occurred in metropolitan areas



26%

of pharmacy consultations occurred in rural towns

85% of patients

said cost would not limit access for future use

\$2.2-2.3 million

in estimated annual savings for the health system

Indigenous community members valued the service for its convenience and rapid access

Challenges in remote and very remote areas limited participation and highlighted the need for rural-specific solutions

WHAT THE TRIAL SUPPORTS



Make UTI management a regular pharmacy service



Provide ongoing help to deliver and improve the service



Raise public awareness of what pharmacists can do



Make sure cost is not a barrier for patients



Adapt service models for remote and Indigenous communities



Expand and improve training and education for pharmacists



Strengthen collaboration between GPs and pharmacists



Introduce a system to continuously monitor safety and efficacy