

Patient Group Direction

Supply of Hydrocortisone 1% cream By Community Pharmacists for the Management of Mild Skin Conditions Protocol number 504 Version 2

Date protocol prepared: March 2019

Date protocol due for review: March 2021

Expiry date: March 2022

This patient group direction must be signed by all health care professionals involved in its use. The NHS organisation should hold the original signed copy. The PGD must be easily accessible in the clinical setting.

Organisation	NHS Forth Valley
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Job Title	Name	Signature	Date
Director of Nursing	Angela Wallace	Signed by Angela Wallace	7/5/19
Medical Director	Andrew Murray	Signed by Andrew Murray	7/5/19
Director of Pharmacy	Scott Mitchell	Signed by Scott Mitchell	9/5/19

This document authorises the supply of **Hydrocortisone 1% cream** by appropriate practitioners to patients who meet the criteria for inclusion under the terms of the document.

Practitioners seeking to supply **Hydrocortisone 1% cream** must ensure that they assess all clients to make sure they meet the criteria before supplying the product.

The purpose of this Patient Group Direction is to help patients by ensuring that they have ready access to a quality assured service which provides a timely, consistent and appropriate supply of **Hydrocortisone 1% cream** for the treatment of **mild skin conditions** patients.

Signatures of those developing the Patient Group Direction

Job Title	Name	Signature	Date
Doctor	David Herron	Signed by David Herron	7/3/19
Pharmacist	Kirstin Cassells	Signed by Kirstin Cassells	8/3/19
Nurse			
Microbiologist (if appropriate)			
Paediatrician (if appropriate)	David Watson	Signed by David Watson	6/5/19

Approval from Patient Group Directions Group

	Chair	Signed on behalf of group	Date
Patient Group Directions Group	Scott Mitchell	Signed by Scott Mitchell	9/5/19

The following Patient Group Direction for Supply of Hydrocortisone 1% cream by Community Pharmacists for the Management of Mild Skin Conditions may be used from the following business/practice:

Name:

Address:

YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT

CLINICAL CONDITION

Indication	Treatment of mild inflammatory skin conditions
Inclusion Criteria	Adults and children over the age of 2 presenting with: <ul style="list-style-type: none"> ○ Insect bite reaction ○ Allergic contact dermatitis ○ Mild eczema
Exclusion Criteria	<ul style="list-style-type: none"> ○ Infected eczema (signs suggestive of infection – weeping, rapidly worsening rash, fever) ○ Rash failing to respond to therapy ○ Hypersensitivity to any component of the product ○ Absence of valid consent ○ Application to face, anogenital region or broken skin ○ Skin lesions caused by untreated bacterial, fungal or viral skin infection eg cold sores, chicken pox, acne, athlete’s foot, ringworm or impetigo. ○ Pregnancy and breastfeeding
Caution/ Need for further advice	If treatment fails, contact GP Practice
Action if Patient declines or is excluded	Refer patient to GP Practice / Out Of Hours for review

DRUG DETAILS

Name, form & strength of medicine	Hydrocortisone 1% cream
Legal Status	POM
Route/ Method	Topical
Dosage	One application
Frequency	Apply sparingly twice daily
Duration of treatment	Maximum 7 days

Maximum or minimum treatment period	Maximum 7 days
Quantity to Supply/ administer	30g
Side Effects	<p>Spreading and worsening of untreated infection, thinning of skin and pigmentation changes.</p> <p>For a full list of side effects – refer to the marketing authorisation holder’s Summary of Product Characteristics (SPC). A copy of the SPC must be available to the health professional administering medication under this Patient Group Direction. This can be accessed on www.medicines.org.uk</p> <p>All adverse reactions that are serious or result in harm should be reported to the MHRA through the Yellow Card Scheme. Online reporting available from http://yellowcard.mhra.gov.uk/.</p>
Advice to patient/carer	<p>If symptoms have not improved after 7 days treatment, then patients should be advised to seek further medical advice.</p> <p>Advise patient of self-management strategies for managing skin conditions including using emollients frequently.</p> <p>Inform patient of possible side effects and their management and who to contact should they be troublesome.</p> <p>Advise patient of the importance of using Hydrocortisone cream twice daily for a maximum of 7 days.</p> <p>The Drug Manufacturer Patient Information Leaflet should be given.</p> <p>Patients should be informed who to contact should they experience an adverse drug reaction.</p>
Follow up	Advise patient to seek medical advice should symptoms worsen or not improve

STAFF CHARACTERISTICS

Qualifications	Pharmacist currently registered with the General Pharmaceutical Council.
Specialist competencies or Qualifications	Any pharmacist approved under local training
Continuing Training & Education	Up to date knowledge in therapeutic area

REFERRAL ARRANGEMENTS & AUDIT TRAIL

Referral arrangements	If symptoms have not improved after 7 days treatment, then
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	patients should be advised to seek further medical advice.
Records/audit trail	<p>A record of supply should be made on PMR which includes Name, strength, form and pack size of medicine supplied Dose and route of administration Date of supply and name of person making supply</p> <p>The medicine must be labelling in accordance with requirements detailed in the current version of Medicines, Ethics and Practice.</p> <p>The GP must be notified that a supply has taken place using the GP notification form. The patient’s GP must be informed if the patient experiences an adverse drug reaction.</p> <p>A computer or manual record of all individuals receiving a supply under this PGD should also be kept for audit purposes.</p> <p>Any adverse events/incidents should be reported to the PGD group in addition to any existing pharmacy processes</p> <p>Records of supply should be kept for 8 years.</p>
Reference sources and comments	<p>Electronic Medicines Compendium (www.medicines.org.uk) Current edition of the British National Formulary (BNF)</p>

PATIENT GROUP DIRECTION AUTHORISATION DOCUMENT

Supply of Hydrocortisone 1% cream by Community Pharmacists for the management of mild skin conditions working in Forth Valley Community Pharmacies

protocol number 504 version 2

Individual Authorisation

This PGD does not remove inherent professional obligations or accountability

I _____ (please print in capitals), confirm that I have read and understood the above Patient Group Direction. I confirm that I have the necessary professional registration, competence, and knowledge to apply the Patient Group Direction. I will ensure my competence is updated as necessary. I will have ready access to a copy of the Patient Group Direction in the clinical setting in which the supply of the medicine will take place and agree to provide this medicine only in accordance with this PGD.

I understand that it is the responsibility of the pharmacist to act in accordance with the Code of Ethics for Pharmacists and to keep an up to date record of training and competency. I understand it is also my responsibility to ensure that all consultations with patients occur within a private and confidential area of the pharmacy.

I have read and fully understand the Patient Group Direction for the supply of hydrocortisone cream 1% and agree to provide this medicine only in accordance with this PGD in NHS Forth Valley Community Pharmacies.

Name of Pharmacist (in block capitals) _____

GPhC Number _____ Employee Locum Relief Pharmacist

If you are a locum please provide a contact email address: _____

Normal NHS Forth Valley Pharmacy Location
(Please state contractor code)

Signature _____

Date _____

Note :

A copy of this agreement must be signed by each pharmacy practitioner who wishes to be authorised to use the PGD for Supply of hydrocortisone cream 1% by Community Pharmacists working in Forth Valley Pharmacies.

Please return this page either by mail to Community Pharmacy Development Team, NHS Forth Valley Royal Hospital, Stirling Road, Larbert, FK5 4WR **OR** by email to FV-UHB.communitypharmacysupport@nhs.net attaching a scanned / photographed image. A copy should be retained in each pharmacy premises you provide the service in.

PATIENT GROUP DIRECTION AUTHORISATION DOCUMENT

Patient Group Direction for Supply of Hydrocortisone 1% cream by Community Pharmacists to Patients with mild skin conditions Protocol No. 504 version 2

Name of Premises & Contractor Code _____

Address of Premises _____

PROFESSIONAL AGREEMENT

I have read and confirm that I have understood the above named patient group direction. **The people below have been authorised to use this protocol.** I confirm that I understand that it is my professional responsibility to ensure all those signed below are professionally registered and have undertaken all the mandatory training requirements to enable them to work under this PGD. A current version of the PGD is available in the above named premises.

Signature of **Lead Pharmacist** for the contractor code

Name (in block capitals)	Signature	Date

Name of Professional (IN BLOCK CAPITALS)	Registration Number	Signature	Date