NHS
Cornwall and Isles of Scilly

Patient group direction for the supply of hydrocortisone 1% cream by community pharmacists for the management of mild skin conditions including insect bites

Documentation details

Reference no: PGD03
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Valid from: April 2023
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Change history

Version number	Date	Details
1	1 April 2021	New PGD
2		Transfer to ICB stationery Renumber to PGD03 Review of PGD

Patient group direction development

Date template comes into effect: April 2023
Version no: 2
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Patient group direction working group

This patient group direction (PGD) was developed by a working group involving pharmacists from NHS Cornwall and Isles of Scilly integrated care board (CIOS ICB) and GP clinical leads from CIOS ICB.

Name and role	Job title	Organisation
Chris Burgin Pharmacist and lead reviewer	Pharmaceutical advisor	Cornwall and Isles of Scilly ICB
Medicines optimisation programme board (MOPB), reviewers, February 2023		
Dr Jim Huddy, GP	General practitioner	Cornwall and Isles of Scilly ICB
Mike Wilcock, pharmacist	Head of prescribing support unit	Royal Cornwall Hospitals NHS Trust (RCHT) and Cornwall and Isles of Scilly ICB
Philip Yelling	Consultant	Cornwall and Isles of Scilly Local Pharmaceutical Committee

Based on the previous version commissioned by NHS Kernow Clinical Commissioning Group and authored by Fiona Lee, with contributions from Georgina Praed, Amanda Pell and Paige Trethewey.

Organisational authorisations

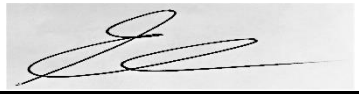
The PGD is not legally valid until it has had the relevant organisational authorisation.

It is the responsibility of the organisation that has legal authority to authorise the PGD, to ensure that all legal and governance requirements are met. The authorising body accepts governance responsibility for the appropriate use of the PGD.

CIOS ICB authorises this PGD for use by the services or providers listed below:

Authorised for use by the following organisation and/or services: Community pharmacies contracted to provide the CIOS ICB community pharmacy PGD service for minor ailments.

Limitations to authorisation: None.

Approved by	Name	Date of email approval
CIOS ICB interim head of prescribing and medicines optimisation	Marco Motta 	28 February 2023
CIOS ICB chief medical officer	Chris Reid	Approved by email 26 February 2023
CIOS ICB chief nursing officer	Susan Bracefield 	7 March 2023

Local enquiries regarding the use of this PGD may be directed to ciosicb.prescribing@nhs.net

Individual registered health professionals must be authorised by name to work to this PGD. This should be recorded on the authorisation sheet at the end of this document.

Characteristics of staff

Qualifications and professional registration

Registered professional with one of the following bodies:

- Pharmacists registered with the General Pharmaceutical Council (GPhC)

Initial training

- Must be authorised by name as an approved practitioner under the current terms of this PGD before working to it.
- Has undertaken appropriate training and been assessed and declared competent to carry out clinical assessment of patient leading to diagnosis that requires treatment according to the indications listed in this PGD.
- Must be competent in the use of PGDs (see NICE competency framework for health professionals using PGDs).
- Must have access to the PGD and associated online resources.

Competency assessment

All pharmacists operating under this PGD are required to complete a declaration of competence for minor ailments via the Centre Pharmacy Postgraduate Education (CPPE) website and complete the declaration of competence on PharmOutcomes.

Staff operating under this PGD are encouraged to attend specific commissioning organised training events on minor ailments and complete the CPPE common clinical conditions and minor ailments and e-assessment.

Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines included in the PGD.

Ongoing training and competency

Practitioners must ensure they are up to date with relevant issues and clinical skills relating to the management of migraine, with evidence of appropriate continued professional development (CPD).

Pharmacists will be required to complete an annual declaration of competence via the CPPE website and PharmOutcomes.

The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.

Clinical condition or situation to which this PGD applies

Condition or situation: Mild inflammatory skin conditions

Criteria for inclusion

- Adults and children aged 10 years or over for use on the face (use on other areas should be purchased over the counter) presenting with acute dermatitis, mild eczema or insect bite reactions
- Children aged 1 to 9 years presenting with acute dermatitis or mild eczema (including on the face) or insect bite reactions

Criteria for exclusion

- Children under 1 year of age
- Adults and children aged 10 years and over where licensed over the counter (OTC) treatments are available
- Skin lesions caused by bacterial, fungal or viral skin infections for example cold sores, impetigo, chickenpox, acne, athletes foot or ringworm
- Infected eczema (including cellulitis, weeping, rapidly worsening rash, fever)
- Allergy to any component of the cream or ointment
- Patients who have suffered any trauma to the area for example scratch, graze or bite (human or animal)
- Patients who have already tried topical corticosteroid unsuccessfully
- Application to the ano-genital region
- Pregnancy
- Psoriasis
- Rosaeca
- Acne
- Perioral dermatitis

Cautions including any relevant action to be taken

- As with all corticosteroids, prolonged application to the face is undesirable.
- There is no evidence against use in lactating women. However, caution should be exercised when hydrocortisone cream is administered to nursing mothers. In this event, the product should not be applied to the chest area.
- Discuss with appropriate medical or independent non-medical prescriber any medical

condition or medication of which the pharmacist is unsure or uncertain.

Action to be taken if the patient is excluded

- Explain the reasons for exclusion to the individual
- Record reasons for exclusion and any action(s) taken
- Advise patient on alternative treatment
- Refer to a prescriber if appropriate (for example GP or NHS 111 or out of hours (OOH) services)
- Give safety-netting advice

Action to be taken if the patient declines treatment

- Ensure the individual is aware of the need for treatment and the potential consequences of not receiving treatment
- Document the reasons for declining, advice given and the decision reached.
- Advise patient on alternative treatment if appropriate
- Refer to a prescriber if appropriate
- Give safety-netting advice

Arrangements for referral for medical advice

Advise patient to refer to their GP practice, if symptoms persist or there is no improvement following completion of the treatment or if condition worsens.

Description of treatment

Name, strength and formulation of drug

Hydrocortisone 1% cream

Legal category

Prescription only medicine (POM)

Route and method of administration

Topical application to affected areas

Indicate any off-label use (if relevant)

Not applicable

Dose and frequency of administration

Apply cream sparingly once or twice a day

Duration of treatment

Use for a maximum of 5 days in children and 7 days in adults

Quantity to be supplied

15g

Storage

Stock must be stored in conditions in line with the summary of product characteristics (SPC)

Drug interactions

None known

Increased risk of adverse reactions

- Topical hydrocortisone preparations are usually well tolerated, but if any signs of hypersensitivity occur, application should stop immediately.
- As with all corticosteroids, application to the face may damage the skin and should be avoided. Prolonged application to the face is undesirable.

Identification and management of adverse reactions

- Striae may occur especially in intertriginous areas.
- There may be spreading and worsening of untreated infection and pigmentation changes or excessive hair growth.
- This list is not exhaustive; refer to BNF or SmPC for full details.

Management of and reporting procedure for adverse reactions

- Healthcare professionals and patients or carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme
- Record all adverse drug reactions (ADRs) in the patient's medical record (and inform the patient's GP)
- Report via organisation incident policy

Written information to be given to the patient

- The marketing authorisation holder's patient information leaflet provided with the product if treatment is to be supplied and advise patient to read the leaflet
- Please note some manufacturer's SPC do advise not to be used on the face. Please ensure the product and PIL is appropriate for where the product is to be used.

Patient advice and follow up treatment

- Explain treatment, course of action and potential side-effects
- The individual or carer should be advised to seek medical advice in the event of an adverse reaction.
- Advise the patient or carer to read the manufacturer's patient information leaflet
- Advise the patient or carer to apply and appropriate quantity of cream or ointment (fingertip units) thinly on the skin to cover the affected area
- If any signs of hypersensitivity develop, application should stop immediately
- Wash hands before and after using the cream
- Do not cover the area with a dressing or plaster
- Be careful to avoid getting the cream or ointment in the eyes
- Advise patients on emollients if necessary (which the patient may purchase over the counter). Advise on continued long term emollient use where appropriate to decrease the need for future topical corticosteroids
- Advise patients using an emollient along with hydrocortisone, to apply the emollient first. Then wait 10 to 15 minutes before applying hydrocortisone. This allows time for the emollient to be absorbed before the topical corticosteroid is applied.
- All patients or carers must be given appropriate safety-netting advice – to consider the exclusion criteria, if no better after 5 to 7 days of treatment to seek medical advice

Records

- Completion of PGD checklist on PharmOutcomes
- Completion of patient medication record
- Label the pack being supplied appropriately:
    - dose, form and route of supply or administration

    - quantity supplied or administered
    - supplied via PGD
- Record details of any adverse drug reactions and actions taken.
- Referral arrangements (including self-care)
- Batch number and expiry date (if applicable)
- Completion of consent form and completion of the audit claim on PharmOutcomes
- Records should be signed and dated (or a password controlled e-records).
- All records should be clear, legible and contemporaneous
- A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy

Audit trail

- PMR entry
- Patient's GP should be notified using the notification form on PharmOutcomes within 48 hours of supply for inclusion in the patients notes

Key references

- NICE Clinical Knowledge Summary – insect bites
- NICE Clinical Knowledge Summary – mild eczema
- Summary of product characteristics
- NICE patient group directions medicines practice guideline [MPG2]
- Specialist Pharmacy Service website

Registered health professional authorisation sheet

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Before signing this PGD, check that the document has had the necessary authorisations in above. Without these, this PGD is not lawfully valid.

Authorisation

By signing this patient group direction, you are indicating that you agree to its contents and that you will work within it.

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this PGD and that I am willing and competent to work to it within my professional code of conduct.

Name	Designation	Signature	Date

Name	Designation	Signature	Date

This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this PGD.