



This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

PATIENT GROUP DIRECTION (PGD)

Supply of

Hydrocortisone 1% Cream

for the Treatment of

Treatment of Mild Inflammatory Skin Conditions including Insect Bites, Contact Dermatitis, and Mild Eczema (Patients Aged 2 to 9 Years Inclusive)

by Registered Pharmacists, as part of the

Doncaster Minor Ailments Service

Change History	
Version and Date	Change details
1.0 April 2021	New PGD
2.0 Mar 2024	 PGD Review Section 2. Clinical Condition or Situation to which this PGD Applies Explain patient/carer reasons for the exclusion – added Section 3. Description of Treatment Dose and frequency of administration - Apply thinly 1-2 times a day - updated Consider an additional advice to advise purchase of an emollient with the topical corticosteroid to moisturise the skin. If an emollient is also being used, advise the person to wait 20–30 minutes between applications - added

Version Number draft 2.0

This Patient Group Direction (PGD) must only be used by registered professionals who have been named and authorised by their organisation to practise under it (See Appendix A). The most recent and in date final signed version of the PGD must be used.

PGD DEVELOPMENT GROUP

Date PGD template comes into effect:	01/04/2024
Review date	01/01/2026
Expiry date:	31/03/2026

This PGD has been developed by the individuals named below. This PGD has been approved by the authorised signatories detailed in the Organisational Authorisations section of this document, on behalf of Doncaster Place.

Name	Designation
Chioma NNamdi	Locality Lead Pharmacist, Medicines Optimisation Team
Faiza Ali	Locality Lead Pharmacist, Medicines Optimisation Team
Ning Wong	Locality Lead Pharmacist, Medicines Optimisation Team

ORGANISATIONAL AUTHORISATIONS

Name	Job title and organisation	Signature	Date
Senior doctor Dr V V S Rao Kolusu	Locality lead GP and Prescribing lead Doncaster Place	KM Rao	28/03/2024
Senior pharmacist Charlotte McMurray	Chief Pharmacist Doncaster Place	C. McMurray	28/03/2024
Person signing on behalf of authorising body Dr V V S Rao Kolusu	Locality lead GP and Prescribing lead Doncaster Place	KM Lao	28/03/2024

GLOSSARY

PGD	Patient Group Direction
GPhC	General Pharmaceutical Council
OOH	Out of Hours Clinic

1. Characteristics of Staff

Qualifications and professional registration	Qualified pharmacist registered with the General Pharmaceutical Council (GPhC)
Initial training	Competent to work under Patient Group Directions, including satisfactory completion of training to assess patients and supply in accordance with this Patient Group Direction.
	Working as a community pharmacist and accredited to provide the Minor Ailments Service.
Competency assessment	CPPE Declaration of Competence Documents (DoCs). See <u>Minor</u> <u>ailments (cppe.ac.uk)</u>
	Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions
	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 - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the PGD and further training provided as required.
Ongoing training and competency	Commitment to undertake training updates and revalidation according to the accreditation requirements of the commissioning organisation.
	Commitment to keep up to date with clinical developments in this area or changes to the recommendations for the medicine listed, as part of their Continuing Professional Development (CPD).
	Commitment to keep up to date Safeguarding training at a minimum of Level 2.
	The pharmacist must keep up to date with current legislation, including the Equality Act and Mental Capacity Act.
The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.	

2. Clinical Condition or Situation to which this PGD Applies

Clinical condition or situation to which this PGD applies	 Mild inflammatory skin conditions including: Insect bites Contact dermatitis Mild eczema
Criteria for inclusion	 Children aged 2 to 9 years of age presenting with: An insect bite reaction, or reaction to a group of bites in a localised area (on one part of the body) Contact dermatitis Mild eczema The patient must have no systemic symptoms or localised infection Valid consent from the patient's parent/carer must be obtained Refer to: NICE Clinical Knowledge Summary for Contact Dermatitis <u>https://cks.nice.org.uk/topics/dermatitis-contact/</u> NICE Clinical Knowledge Summary for Atopic Eczema
	 <u>https://cks.nice.org.uk/topics/eczema-atopic/</u> NICE Clinical Knowledge Summary for Insect Bites and Stings <u>https://cks.nice.org.uk/topics/insect-bites-stings/</u> NICE Clinical Knowledge Summary for Corticosteroids – Topical <u>https://cks.nice.org.uk/topics/corticosteroids-topical-skin-nose-eyes/</u>
Criteria for exclusion	 Presentations other than the indication for which this PGD relates Known hypersensitivity to hydrocortisone or any other ingredient Patients under 2 years of age Patients 10 years of age and over Patients who are systemically unwell (e.g. nausea, vomiting, tachycardia, fatigue, feeling generally unwell, temperature of 38.1°C or more) Patients that are immunosuppressed Patients that have complex multiple morbidities beyond the scope of the Minor Ailments Service Patients with skin infections, including but not limited to, untreated bacterial, fungal or viral skin infections. For example, cold sores, chicken pox, acne, athlete's foot, ringworm, and impetigo Skin conditions that are spreading to several parts of the body Infected eczema (Signs suggestive of infection include exuding wounds, rapidly worsening rashes, ring shaped rashes suggestive of fungal infections, and discoloured skin typical of staphylococcal infections) Rash failing to respond to therapy Absence of valid consent Application to face, anogenital region or broken skin

Cautions including any relevant action to be taken	 Avoid contact of cream with eyes The treatment must not be used consecutively for longer than 7 days Check the patient's allergy status regarding topical treatments, referencing the active ingredients and excipients in the product supplied Refer to the current BNF <u>https://bnf.nice.org.uk/</u> and the Summary of Product Characteristics for the product supplied <u>http://www.medicines.org.uk/emc/</u> for up to date information on interactions.
Action to be taken if the patient is excluded	 Record reasons for exclusion in patient notes Explain patient/carer reasons for the exclusion Advise patient on alternative treatment if suitable Refer to a prescriber such as the patient's usual GP or NHS 111 if appropriate
Action to be taken if the patient or carer declines treatment	 Refer to the patient's usual GP, or NHS 111 if the patient is not able to see their GP, or is not registered with an NHS GP practice. Offer the patient details of relevant local services such as walk-in centres and OOH services if applicable. You must: Document advice given Advise patient on alternative treatment Refer to a prescriber if appropriate
Arrangements for referral for medical advice	Supply the patient with a referral note to hand to the prescriber indicating the reasons for the referral

3. Description of Treatment

Nome strength 9	Hydrocortisone 1% Cream
Name, strength & formulation of drug	
Tormalation of drug	D. DOM
Legal category	P or POM
Route / method of	Topical application
administration	
Indicate any off-label use	The POM product must be supplied for use within its licenced
(if relevant)	posology and method of administration for the purpose of this PGD.
	This PGD allows off label use of the P product for children less than
	10 years of age. Otherwise, the licenced indications must be
	observed.
Dose and frequency of	Apply thinly 1-2 times a day
administration	as per BNF
	https://bnfc.nice.org.uk/drugs/hydrocortisone/#indications-and-dose
Duration of treatment	Maximum treatment period 7 days
	1 x 15g
Quantity to be supplied	1 x 15g
	Maximum of two treatment courses in any 6 month period.
Storage	Stock must be securely stored according to organisation medicines
otorago	policy and in conditions in line with SPC, which is available from the
	electronic Medicines Compendium website: www.medicines.org.uk
Drug interactions	A detailed list of drug interactions is available in the SPC, which is
	available from the electronic Medicines Compendium website:
	www.medicines.org.uk
Identification &	The following side effects may be seen with hydrocortisone cream:
management of adverse	This size a fighting (abia a (as a bac)
reactions	Thinning of skin (skin atrophy)
	Pigmentation changes and disorders
	Telangiectasia
	Skin striae

	Acne
	Ache Rosacea
	 Hypertrichosis
	Collagen disorder
	Advise the patient that if they notice any adverse reactions, they must contact a pharmacist or their GP.
	Thinning of the skin is usually associated with prolonged, recurrent or excessive use of hydrocortisone cream.
	Consider an additional advice to advise purchase of an emollient with the topical corticosteroid to moisturise the skin. If an emollient is also being used, advise the person to wait 20–30 minutes between applications.
	A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk
Management of and reporting procedure for adverse reactions	 Healthcare professionals and patients/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: <u>https://yellowcard.mhra.gov.uk</u> Record all adverse drug reactions (ADRs) in the patient's medical record Report via the pharmacy's policy for reporting adverse reactions
Written information to be given to patient or carer	Give the marketing authorisation holder's patient information leaflet (PIL) with the product supplied every time.
Patient advice / follow up treatment	Explain the importance of using Hydrocortisone cream twice daily for a maximum of 7 days. State that use beyond 7 days may jeopardize treatment outcomes, and may make the skin more prone to conditions in the future.
	The patient must be offered the following advice:
	 To wash hands before and after applying cream
	 To wash hands before and after applying creating That the cream should be applies sparingly, explaining the
	fingertip unit application technique
	 Refer patients to the NHS Conditions website_
	https://www.nhs.uk/conditions/topical-steroids/
	 Do not share cream with anyone else
	 Do not repeat courses using this or similar products unless on
	the advice of a clinician
	Routine follow-up is not required; however, the person should be advised to contact their GP or NHS 111 if:
	 Symptoms are not improving after 5 days of treatment so that an alternative diagnoses can be considered There are any new, worsened or changed symptoms, including
	development of systemic symptoms

Records	Record:
	 That valid informed consent was given
	• Name of individual, address, date of birth and GP with whom the
	individual is registered (if relevant)
	Name of registered health professional
	 Name of medication supplied/administered
	Date of supply/administration
	 Dose, form and route of supply/administration
	Quantity supplied/administered

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4. Key References

	Electronic Medicines Compendium http://www.medicines.org.uk/
Key references	 Electronic BNF https://bnf.nice.org.uk/
	NICE Medicines practice guideline "Patient Group Directions"
	https://www.nice.org.uk/guidance/mpg2
	 Common Conditions and Minor Ailments_
	https://www.cppe.ac.uk/learningdocuments/pdfs/common_clinical_
	conditions_and_minor_ailments.pdf
	 CPPE Minor Ailments and Declaration of Competence
	https://www.cppe.ac.uk/gateway/minor
	 NICE Guideline NG51. Sepsis: recognition, diagnosis and early
	management https://www.nice.org.uk/guidance/ng51
	 Royal College of General Practitioners. TARGET Antibiotic Tool Kit
	http://www.rcgp.org.uk/clinical-and-
	research/resources/toolkits/target-antibiotic-toolkit.aspx
	 NICE Clinical Knowledge Summary for Contact Dermatitis
	https://cks.nice.org.uk/topics/dermatitis-contact/
	 NICE Clinical Knowledge Summary for Atopic Eczema
	https://cks.nice.org.uk/topics/eczema-atopic/
	 NICE Clinical Knowledge Summary for Insect Bites and Stings
	https://cks.nice.org.uk/topics/insect-bites-stings/
	 NICE Clinical Knowledge Summary for Corticosteroids – Topical
	https://cks.nice.org.uk/topics/corticosteroids-topical-skin-nose-
	eyes/
	 BNF Treatment Summary. Skin Infections_
	https://bnf.nice.org.uk/treatment-summary/skin-infections.html
	 NHS Conditions - Topical Corticosteroids
	https://www.nhs.uk/conditions/topical-steroids/

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5. Registered Pharmacist Authorisation Sheet

Before signing this PGD, check that the document has had the necessary authorisations in Section 1. Without these, this PGD is not lawfully valid.

Registered Pharmacist

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 Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.

Name	Designation	Signature	Date
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