



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

Version Number draft 2.1

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 <ul style="list-style-type: none">• Explain patient/carer reasons for the exclusion – added Section 3. Description of Treatment <ul style="list-style-type: none">• 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

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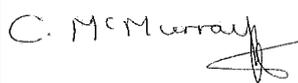
PGD DEVELOPMENT GROUP

Date PGD template comes into effect:	01/04/2024
Review date	01/01/2027
Expiry date:	31/03/2027

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		28/03/2024
Senior pharmacist Charlotte McMurray	Chief Pharmacist Doncaster Place		28/03/2024
Person signing on behalf of authorising body Dr V V S Rao Kolusu	Locality lead GP and Prescribing lead Doncaster Place		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	<p>Competent to work under Patient Group Directions, including satisfactory completion of training to assess patients and supply in accordance with this Patient Group Direction.</p> <p>Working as a community pharmacist and accredited to provide the Minor Ailments Service.</p>
Competency assessment	<p>CPPE Declaration of Competence Documents (DoCs). See Minor ailments (cppe.ac.uk)</p> <p>Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions</p> <p>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.</p>
Ongoing training and competency	<p>Commitment to undertake training updates and revalidation according to the accreditation requirements of the commissioning organisation.</p> <p>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).</p> <p>Commitment to keep up to date Safeguarding training at a minimum of Level 2.</p> <p>The pharmacist must keep up to date with current legislation, including the Equality Act and Mental Capacity Act.</p>
<p>The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.</p>	

2. Clinical Condition or Situation to which this PGD Applies

Clinical condition or situation to which this PGD applies	Mild inflammatory skin conditions including: <ul style="list-style-type: none"> • Insect bites • Contact dermatitis • Mild eczema
Criteria for inclusion	<ul style="list-style-type: none"> • Children aged 2 to 9 years of age presenting with: <ul style="list-style-type: none"> • 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 <p>Refer to:</p> <ul style="list-style-type: none"> • 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/
Criteria for exclusion	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 <p>Refer to the current BNF https://bnf.nice.org.uk/ and the Summary of Product Characteristics for the product supplied http://www.medicines.org.uk/emc/ for up to date information on interactions.</p>
Action to be taken if the patient is excluded	<ul style="list-style-type: none"> • Record reasons for exclusion in patient notes • Explain patient/carer reasons for the exclusion • Advise patient on alternative treatment if suitable <p>Refer to a prescriber such as the patient's usual GP or NHS 111 if appropriate</p>
Action to be taken if the patient or carer declines treatment	<p>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.</p> <p>You must:</p> <ul style="list-style-type: none"> • Document advice given • Advise patient on alternative treatment • Refer to a prescriber if appropriate
Arrangements for referral for medical advice	<p>Supply the patient with a referral note to hand to the prescriber indicating the reasons for the referral</p>

3. Description of Treatment

Name, strength & formulation of drug	Hydrocortisone 1% Cream
Legal category	P or POM
Route / method of administration	Topical application
Indicate any off-label use (if relevant)	<p>The POM product must be supplied for use within its licenced posology and method of administration for the purpose of this PGD.</p> <p>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.</p>
Dose and frequency of administration	<p>Apply thinly 1-2 times a day as per BNF</p> <p>https://bnfc.nice.org.uk/drugs/hydrocortisone/#indications-and-dose</p>
Duration of treatment	Maximum treatment period 7 days
Quantity to be supplied	<p>1 x 15g</p> <p>Maximum of two treatment courses in any 6 month period.</p>
Storage	Stock must be securely stored according to organisation medicines 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 & management of adverse reactions	<p>The following side effects may be seen with hydrocortisone cream:</p> <ul style="list-style-type: none"> • Thinning of skin (skin atrophy) • Pigmentation changes and disorders • Telangiectasia • Skin striae

	<ul style="list-style-type: none"> • Acne • Rosacea • Hypertrichosis • Collagen disorder <p>Advise the patient that if they notice any adverse reactions, they must contact a pharmacist or their GP.</p> <p>Thinning of the skin is usually associated with prolonged, recurrent or excessive use of hydrocortisone cream.</p> <p>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.</p> <p>A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk</p>
<p>Management of and reporting procedure for adverse reactions</p>	<ul style="list-style-type: none"> • 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: https://yellowcard.mhra.gov.uk • Record all adverse drug reactions (ADRs) in the patient’s medical record • Report via the pharmacy’s policy for reporting adverse reactions
<p>Written information to be given to patient or carer</p>	<p>Give the marketing authorisation holder's patient information leaflet (PIL) with the product supplied every time.</p>
<p>Patient advice / follow up treatment</p>	<p>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.</p> <p>The patient must be offered the following advice:</p> <ul style="list-style-type: none"> • To wash hands before and after applying cream • That the cream should be applied 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 <p>Routine follow-up is not required; however, the person should be advised to contact their GP or NHS 111 if:</p> <ul style="list-style-type: none"> • 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	<p>Record:</p> <ul style="list-style-type: none">• 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

Key references	<ul style="list-style-type: none">• Electronic Medicines Compendium http://www.medicines.org.uk/• 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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