NHS
Kernow
Clinical Commissioning Group

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

Documentation details

Reference no: Hydrocortisone patient group direction
Version no: 1
Valid from: April 2021
Review date: December 2022
Expiry date: March 2023

Change history

Version number	Date	Details
1	01/04/2021	New PGD

Patient group direction development

Date template comes into effect: April 2021
Version no: 1
Valid from: April 2021
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Patient group direction working group

This patient group direction (PGD) was developed by a working group involving pharmacists from NHS Kernow Clinical Commissioning Group (NHS Kernow), GP clinical leads from NHS Kernow and microbiology.

Name and role	Job title	Organisation
Fiona Lee Pharmacist and lead author	Pharmaceutical advisor	NHS Kernow
Georgina Praed Pharmacist	Head of prescribing and medicines optimisation	NHS Kernow
Amanda Pell Pharmacist	Senior pharmaceutical advisor	NHS Kernow
Mr M Wilcock Pharmacist	Head of prescribing support unit and clinical lead	Royal Cornwall Hospitals NHS Trust (RCHT) and NHS Kernow
Paige Trethewey Pharmacist	Pharmaceutical advisor	NHS Kernow

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.

NHS Kernow 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 NHS Kernow community pharmacy PGD service for minor ailments.

Limitations to authorisation: None.

Approved by	Name	Date of email approval
NHS Kernow head of prescribing and medicines optimisation	Georgina Praed	04 March 2021

Approved by	Name	Date of email approval
NHS Kernow GP prescribing lead	Iain Chorlton	04 March 2021
NHS Kernow director of clinical and corporate affairs	Natalie Jones	04 March 2021

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

Section 7 provides a registered health professional authorisation sheet. Individual professionals must be authorised by name to work to this PGD. Alternative authorisation sheets and templates may be used where appropriate in accordance with local policy.

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 review their competency using the NICE competency framework for health professionals using PGDs.

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 mild inflammatory skin conditions 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.

Action to be taken if the patient is excluded

- Record reasons for exclusion and any action(s) taken.
- Advise patient on alternative treatment.
- Refer to a prescriber if appropriate (for example. GP or NHS111 or out of hours (OOH) services).
- Give safety-netting advice.

Action to be taken if the patient or carer declines treatment

- Document 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)

None.

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). Do not store above 25ºC.

Drug interactions

None known. The SPC is available from the electronic Medicines Compendium website.

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.

A detailed list of adverse reactions is available in the SPC.

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).

Written information to be given to patient or carer

Give marketing authorisation holder's patient information leaflet (PIL) provided with the product.

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 (PMR).
- 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.

Key references

- NICE Clinical Knowledge Summary: insect bites
- NICE Clinical Knowledge Summary: mild eczema
- Summary of product characteristics
- NICE PGD medicines practice guideline [MPG2]
- Specialist Pharmacy website

Registered health professional authorisation sheet

PGD: Supply of Hydrocortisone 1% cream by community pharmacists in the management of mild skin conditions including insect bites

Valid from: 1 April 2021
Expiry: 31 March 2023

Before signing this PGD, check that the document has had the necessary authorisations in section 2. 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
Click here to enter text.			
Click here to enter text.			
Click here to enter text.			
Click here to enter text.			

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