Patient Group Direction template

Supply of Fusidic Acid 2% Cream
Version – 1.0

The purpose of the PGD is to allow management of impetigo in adults and children over 2 years of age by registered pharmacists in Community Pharmacies.

This PGD authorises pharmacists delivering the NHS Pharmacy First Service Level Agreement to supply Fusidic acid 2% cream to adults and children over 2 years of age presenting with symptoms of impetigo who meet the criteria for inclusion under the terms of the document

Change History – None.

PGD Fusidic Acid Cream 2%

Authorisation

This specimen Patient Group Direction (PGD) has been produced by the Scottish Antimicrobial Prescribing Group and the Primary Care Community Pharmacy Group to assist NHS Boards provide uniform services under the 'NHS Pharmacy First' banner across NHS Scotland. NHS boards should ensure that the final PGD is considered and approved in line with local clinical governance arrangements for PGDs.

The qualified health professionals who may supply Fusidic Acid 2% cream under this PGD can only do so as named individuals. It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with their own Code of Professional Conduct, and to ensure familiarity with the marketing authorisation holder's summary of product characteristics (SPC) for all medicines supplied in accordance with this PGD.

NHS board governance arrangements will indicate how records of staff authorised to operate this PGD will be maintained. Under PGD legislation there can be no delegation. Supply of the medicine has to be by the same practitioner who has assessed the patient under the PGD.

This PGD has been reviewed for NHS Lothian by

Doctor	Dr Nigel Williams	Signature	
Pharmacist	Dawn Owen	Signature	

Approved on behalf of NHS (*insert details*) by

Medical Director	Ms.Tracey Gillies	Signature	
Director of Pharmacy/Senior Pharmacist	Prof. Angela Timoney	Signature	
Clinical Governance Lead	Prof. Simon Maxwell	Signature	

Date Approved	8th July 2020		
Effective from	29th July 2020	Review Date	1st April 2022

Clinical Situation

Indication	Treatment of minor staphylococcal skin infections. (Impetigo)
Inclusion Criteria	• Adults and children aged 2 years or older with minor skin infection limited to a few lesions in one area of body. • The rash consists of vesicles that weep and then dry to form yellow-brown crusts • Informed consent by patient or parent/carer • Patient must be present at consultation
Exclusion Criteria	• Multiple site skin infection. • History of MRSA colonisation or infection • Children under the age of 2 years. • Had impetigo within the last 3 months. • Patient systemically unwell • Allergy to any component of the cream. • Patient refuses treatment. • Presenting with any underlying skin condition on the same area of the body as impetigo. • Concerns with regarding patient compliance with topical medication
Cautions /Need for further advice/ Circumstances when further advice should be sought from a doctor	Any doubt as to inclusion/exclusion criteria being met. Lesions present near the eye – care should be taken when applying cream near to the eye.
Action if Excluded	Refer to GP Practice/Out-of-hours service and document in Patient Medication Record (PMR) or Pharmacy Care Record (PCR).
Action if Patient Declines`	If patient declines treatment, advise on self-care to relieve symptoms and advise to see their GP if symptoms fail to resolve within 5 days or if symptoms worsen. The reason for declining treatment and advice given must be documented. Ensure patient is aware of risks and consequences of declining treatment. Record outcome in Patient Medication Record (PMR) or Pharmacy Care Record (PCR) if appropriate.

Description of Treatment

Name of Medicine	Fusidic Acid
Form/Strength	2% Cream
Route of administration	Topical
Dosage	Apply to lesions four times daily for 5 days
Frequency	Apply four times daily
Duration of treatment	5 days
Maximum or minimum treatment period	Use for a maximum of 5 days. Maximum of one supply in three months.

Quantity to supply/administer	1 x 15g
▼ additional monitoring	No
Legal Category	POM (Prescription Only Medicine)
Is the use outwith the SPC	No
Storage requirements	As per manufacturer's instructions Store below 25°C in a cool dry place Ensure cream is within expiry date
Additional information	None

Warnings including possible adverse reactions and management of these	Side effects with this product are rare however hypersensitivity reactions may occur 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
Reporting procedure for adverse reactions	Pharmacists should document and report all adverse incidents through their own internal governance systems. All adverse reactions (actual and suspected) will be reported to the appropriate medical practitioner and recorded patient's medical record. Pharmacists should record in their PMR and send an SBAR to the GP as appropriate. Where appropriate, use the Yellow Card System to report adverse drug reactions. Yellow Cards and guidance on its use are available at the back of the BNF or online at http://yellowcard.mhra.gov.uk/
Advice to Patient/carer including written information	• Wash hands before and after applying cream. • Where possible remove scabs by bathing in warm water before applying the cream. • Impetigo is a very infectious condition. Important to prevent infection spreading by using own flannels and towels (hot wash after use). • Do not scratch or pick spots. • Suggest applying cream three times daily on school days (before school, after school and evening) and four times daily at other times. • Inform school of condition. • Do not share cream with anyone else. • Do not apply to breast if patient is breastfeeding. • Inform of possible side effects and their management. The Drug Manufacturer Patient Information Leaflet should be given. Patients should be informed who to contact should they experience an adverse drug reaction

Monitoring	Not applicable
Follow-up	If the skin infection spreads or there is no improvement after 5 days, seek medical advice from GP.
Additional Facilities	The following should be available where the medication is supplied: • An acceptable level of privacy to respect patient's right to confidentiality and safety. • Access to medical support (this may be via the telephone). • Clean and tidy work areas, including access to hand washing facilities. Access to current BNF (online version preferred).

Characteristics of staff authorised under the PGD

Professional qualifications	Registered pharmacist with current General Pharmaceutical Council (GPhC) registration. ***Under PGD legislation there can be no delegation. Supply of the medication has to be by the same practitioner who has assessed the patient under this PGD.***
Specialist competencies or qualifications	Has successfully completed NES Pharmacy e-learning module on "Pharmacy First". Able to assess the person's capacity to understand the nature and purpose of the medication in order to give or refuse consent. Must be familiar with the Fusidic Acid Cream Summary of Product Characteristics (SPC).
Continuing education and training	Has read current guidance on the management of impetigo Aware of local treatment recommendations. Attends approved training and training updates as appropriate. Undertakes CPD when PGD or NES Pharmacy module updates.

Audit Trail

Record/Audit Trail	All records must be clear, legible and in an easily retrieval format. Pharmacists must record in Patient Medication Record (PMR) or Pharmacy Care Record (PCR). The following records should be kept (paper or computer based) and are included in the patient assessment form: • Patient's name/parent/guardian/person with parental responsibility, address, date of birth and consent given • Patient's CHI number • Contact details of GP (if registered) • Presenting complaint and diagnosis • Details of medicine supplied • The signature and printed name of the healthcare professional who supplied the medicine. • Advice given to patient (including side effects) • The patient group direction title and/or number • Whether the patient met the inclusion criteria and whether the exclusion criteria were assessed • Details of any adverse drug reaction and actions taken including documentation in the patient's medical record • Referral arrangements (including self-care)

	The patient's GP, where known, should be provided with a copy of the client assessment form for the supply of fusidic acid on the same, or next available working day. These records should be retained in accordance with local/national guidance. For young people older than 16 years, retain until the patient's 25th birthday or 26th if the young person was 17 at the conclusion of treatment. For 17 years and over, retain for 6 years after date of supply. Or for 3 years after death, where this is greater than above. All records of the drug(s) specified in this PGD will be filed with the normal records of medicines in each service. A designated person within each service will be responsible for auditing completion of drug forms and collation of data
Additional references	British National Formulary (BNF) current edition Fusidic Acid Cream SPC

PATIENT GROUP DIRECTION FOR THE SUPPLY OF FUSIDIC ACID CREAM BY COMMUNITY PHARMACISTS UNDER THE 'PHARMACY FIRST' SERVICE

Individual Authorisation

PGD does not remove inherent professional obligations or accountability

It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with the General Pharmaceutical Council Standards for Pharmacy Professionals.

Note to Authorising Authority: authorised staff should be provided with access to the clinical content of the PGD and a copy of the document showing their authorisation.

I have read and understood the Patient Group Direction authorised by each of the individual NHS Boards that I wish to operate in and agree to provide Fusidic Acid Cream

Name of Pharmacist _____

GPhC Registration Number _____

Normal Pharmacy Location

(Only one Pharmacy name and contractor code is required for each Health Board (HB) area where appropriate. If you work in more than 3 HB areas please use additional forms.)

Name & Contractor code HB (1) _____

Name & Contractor code HB (2) _____

Name & Contractor code HB (3) _____

Please indicate your position within the pharmacy by ticking one of the following:

Locum ☐ Employee ☐ Manager ☐ Owner ☐

Signature _____ Date _____

Please tick and send to each Health Board you work in. Fax numbers, email and postal addresses are given overleaf.

Ayrshire & Arran	☐	Grampian	☐	Orkney	☐
Borders	☐	Gr Glasgow & Clyde	☐	Shetland	☐
Dumfries & Galloway	☐	Highland	☐	Tayside	☐
Fife	☐	Lanarkshire	☐	Western Isles	☐
Forth Valley	☐	Lothian	☐		

NHS Board	Address	Fax Number
Ayrshire & Arran	Mr Allan Thomas, NHS Ayrshire & Arran, Eglington House, Ailsa Hospital, Dalmellington Road, Ayr, KA6 6AB Angela.oumoussa@aapct.scot.nhs.uk	Please e-mail or post
Borders	Adrian Mackenzie, Lead Pharmacist Pharmacy Department, Borders General Hospital, Melrose, TD6 9BS communitypharmacy.team@borders.scot.nhs.uk	Please e-mail or post
Dumfries & Galloway	NHS Dumfries & Galloway, Primary Care Development, Ground Floor North, Mountainhall Treatment Centre, Bankend Rd, Dumfries, DG1 4TG dumf-uhb.pcd@nhs.net	Please e-mail or post
Fife	PGD Administrator, Pharmacy Services, NHS Fife, Pentland House, Lynebank Hospital, Halbeath Road, Dunfermline, KY11 4UW Fife-uhb.pgd@nhs.net	Please e-mail or post
Forth Valley	Community Pharmacy Development Team, Forth Valley Royal Hospital, Stirling Road, Larbert, FK5 4WR FV-UHB.communitypharmacysupport@nhs.net	Please email or post
Grampian	Pharmaceutical Care Services Team NHS Grampian, Pharmacy & Medicines Directorate, Westholme, Woodend, Queens Road, Aberdeen, AB15 6LS nhsg.pharmaceuticalcareservices@nhs.net	Please e-mail or post
Greater Glasgow & Clyde	Janie Glen, Contracts Manager, Community Pharmacy, NHS Greater Glasgow & Clyde, Clarkston Court, 56 Busby Road, Glasgow G76 7AT GG-UHB.cpdevteam@nhs.net	0141 201 6044 Or email
Highland	Community Pharmaceutical Services, NHS Highland, Assynt House, Beechwood Park, Inverness. IV2 3BW high-uhb.cpsoffice@nhs.net	Please e-mail or post
Lanarkshire	Pharmacy/Prescribing Admin Team, NHS Lanarkshire Headquarters, Kirklands, Fallside Road, Bothwell, G71 8BB	01698 858271
Lothian	Bob Taylor, Primary Care Contractor Organisation, 2ND Floor, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG CommunityPharmacy.Contract@nhslothian.scot.nhs.uk	Please e-mail or post
Orkney	Sylvia Robertson, Primary Care Pharmacist, NHS Orkney, Balfour Hospital, New Scapa Road, Kirkwall, Orkney KW15 1BH	01856 888 061
Shetland	Mary McFarlane, Principle Pharmacist,NHS Shetland, Gilbert Bain Hospital, Lerwick, Shetland, ZE1 0TB	01595 743356
Tayside	Diane Robertson Pharmacy Department, East Day Home, Kings Cross Hospital, Clepington Road, Dundee, DD3 8AE	No fax, please post
Western Isles	Stephan Smit, Primary Care Dept, The Health Centre, Springfield Road, Stornoway, Isle of Lewis, HS1 2PS	No fax, please post