



National Patient Group Direction (PGD)

Supply of aciclovir tablets / dispersible tablets Version – 1.0

The purpose of the PGD is to allow management of Herpes Zoster (Shingles) infection in patients over 18 years of age by registered pharmacists within Community Pharmacies.

This PGD authorises pharmacists delivering the NHS Pharmacy First Scotland Service Level Agreement to supply aciclovir to patients aged 18 years and over presenting with symptoms of shingles who meet the criteria for inclusion under the terms of the document

Change History - None

PGD Aciclovir Tablets / Dispersible Tablets

Authorisation

This specimen PGD has been produced in collaboration with by the Scottish Antimicrobial Prescribing Group, the Area Drug and Therapeutics collaborative and the Primary Care Community Pharmacy Group to assist NHS Boards provide uniform services under the 'NHS Pharmacy First Scotland' 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 aciclovir tablets or dispersible tablets 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 specimen PGD has been approved on behalf of NHS Scotland by NHS 24 by:

Doctor	_____	Signature	_____
Pharmacist	_____	Signature	_____
NHS Scotland Representative	_____	Signature	_____

Authorised for use on behalf of NHS [insert details] by

Medical Director	_____	Signature	_____
Director of Pharmacy/Senior Pharmacist	_____	Signature	_____
Clinical Governance Lead	_____	Signature	_____

Date Approved _____

Effective from	<u>March 2021</u>	Review Date	<u>April 2023</u>
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Clinical Situation

Indication	Treatment of herpes zoster (Shingles) infection.
Inclusion Criteria	<ul style="list-style-type: none"> • Patients 18 years of age and over • Untreated acute shingles rash on torso involving a single dermatome and present for less than 72 hours • Immunocompetent patients
Exclusion Criteria	<ul style="list-style-type: none"> • Patient under 18 years of age • Rash affecting areas other than the torso e.g. eyes • Rash involving more than one dermatome • Rash appeared > 72 hours ago • New vesicles formed after 7 days of treatment • Known hypersensitivity to aciclovir or any excipients • Patients with impaired gastro-intestinal absorption • Known immunocompromised patients including those with HIV and patients taking immunosuppressants • Known pregnancy • Breastfeeding • Patients who are systemically unwell, including symptoms of fever and headache • Known moderate to severe renal impairment • Recurrent shingles – immunocompetent patient with 2 or more episodes over the person's lifetime • Severe pain not responding to OTC analgesics • Informed consent not obtained • Concomitant use of interacting medication as listed in current BNF
Cautions /Need for further advice/ Circumstances when further advice should be sought from a doctor	<p>Caution should be used in:</p> <ul style="list-style-type: none"> • Elderly patients • Patients with mild renal impairment • Patients with liver impairment • Patients taking other drugs with an increased risk of renal impairment <p>See current BNF and SPC for full risk of possible interactions It would be preferable that the patient is present at the consultation. However, professional judgement should be used to decide if this is essential e.g. NHS Near Me could be used in circumstances where NHS or public health guidance supports virtual consultations</p>
Action if Excluded	Refer to GP Practice/Out-of-hours (OOH) service and document in Patient Medication Record (PMR) or Pharmacy Care Record (PCR).
Action if Patient Declines	<ul style="list-style-type: none"> • Note that self-care may be considered as an option depending on symptom severity. • If patient declines treatment, advise on self-care to relieve symptoms and advise to see their GP if symptoms fail to resolve within 3 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 PMR or PCR if appropriate.

Description of Treatment

Name of Medicine	Aciclovir
Form/Strength	800mg (or 2 x 400mg) tablets
Route of administration	Oral
Dosage	800mg
Frequency	Five times daily at 4 hourly intervals (during waking hours)
Duration of treatment	7 days
Maximum or minimum treatment period	28,000mg
Quantity to supply/administer	35 x 800 mg tablets or 70 x 400 mg tablets
▼ additional monitoring	No
Legal Category	POM (Prescription Only Medicine)
Is the use out with the SPC	No
Storage requirements	As per manufacturer's instructions Ensure tablets are within expiry date
Additional information	None

Name of Medicine	Aciclovir
Form/Strength	800 mg (or 2 x 400 mg) dispersible tablets NB This form is strictly limited to use in patients who are unable to swallow standard tablets
Route of administration	Oral
Dosage	800 mg
Frequency	Five times daily at 4 hourly intervals (during waking hours)
Duration of treatment	7 days
Maximum or minimum treatment period	28,000mg
Quantity to supply/administer	35 x 800 mg tablets or 70 x 400 mg tablets
▼ additional monitoring	No
Legal Category	POM (Prescription Only Medicine)
Is the use out with the SPC	No
Storage requirements	As per manufacturer's instructions Ensure tablets are within expiry date
Additional information	None

<p>Warnings including possible adverse reactions and management of these</p>	<p>Common side effects include gastrointestinal disorders (nausea, vomiting, diarrhoea and abdominal pain), taste disturbance, photosensitivity, pruritus, urticaria, fever, tiredness and occasionally headaches or dizziness.</p> <p>For a full list of side effects – refer to the British National Formulary (BNF) and/or the marketing authorisation holder’s 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</p> <p>Significant interactions with aciclovir may include the following medicines:</p> <p>Probenecid, Cimetidine, Theophylline, Mycophenolate</p> <p>Consult BNF and/or SPC for full list of interactions</p>
<p>Reporting procedure for adverse reactions</p>	<p>Pharmacists should document and report all adverse incidents through their own internal governance systems.</p> <p>Pharmacists should record all adverse reactions (actual and suspected) in their PMR and send an SBAR (situation, background, assessment, recommendation) communication to the appropriate medical practitioner for documenting in the patient’s medical record as appropriate.</p> <p>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/</p>
<p>Advice to Patient/carer including written information</p>	<ul style="list-style-type: none"> • This medication should be taken with water and patient should drink plenty of water whilst taking this medication • Advise patient that medication should be taken regularly and must complete the course • Ensure patient is aware that if symptoms worsen, the patient becomes systemically unwell, or develops a temperature then they should seek medical advice that day either from their own GP or OOH service • If symptoms have not improved after 7 days treatment, then patients should be advised to seek further medical advice from GP practice • Manufacturers Patient Information Leaflet should be offered. • Common side effects of medication e.g. nausea, vomiting, diarrhoea and abdominal pain, taste disturbance, photo sensitivity, pruritus, urticarial, fever, tiredness and occasionally headaches or dizziness • Pharmacists should check that the patient has access to appropriate analgesia for symptomatic relief • Self –care - avoid sharing of towels and clothes, maintain good hand hygiene, wear loose fitting clothes to minimise irritation • Avoid use of topical creams and adhesive dressings as they can cause irritation and delay rash healing • Shingles is infectious until all the vesicles have crusted over (usually 5-7 days after rash onset). Avoid attending work if the

	<p>rash is weeping and can't be covered.</p> <ul style="list-style-type: none"> • A person who has not had chicken pox or the varicella vaccine can catch chicken pox from a person with shingles (if possible, avoid pregnant women, immunocompromised people and babies younger than 1 month old)
Monitoring	Not applicable
Follow-up	Advise patient to seek medical advice should symptoms worsen or not improve.
Additional Facilities	<p>The following should be available where the medication is supplied:</p> <ul style="list-style-type: none"> • An acceptable level of privacy to respect patient's right to confidentiality and safety. • Access to medical support (this may be via the telephone). • Approved equipment for the disposal of used materials. • 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	<p>Registered pharmacist with current General Pharmaceutical Council (GPhC) registration.</p> <p><i>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.</i></p>
Specialist competencies or qualifications	<p>Has undertaken appropriate training to carry out clinical assessment of patient which may lead to diagnosis that requires treatment according to the indications listed in this PGD, by successfully completing NES Pharmacy e-learning module on "Shingles for NHS Pharmacy First Scotland"</p> <p>https://learn.nes.nhs.scot/43887/pharmacy/cpd-resources/shingles-for-pharmacy-first-scotland</p> <p>Able to assess the person's capacity to understand the nature and purpose of the medication in order to give or refuse consent.</p> <p>Must be familiar with the aciclovir SPC.</p> <p>Authorised to use PGD on completion and submission of an approved practitioner form</p>
Continuing education and training	<p>It is the responsibility of the individual to keep up-to-date with continued professional development.</p> <p>Has read the most up to date guidance on the management of Shingles e.g. NICE CKS: https://cks.nice.org.uk/topics/shingles/</p> <p>Attends approved training and training updates as appropriate.</p> <p>Undertakes CPD when PGD or NES Pharmacy modules are updated.</p>

Audit Trail

Record/Audit Trail	<p>All records must be clear, legible and in an easily retrievable format. Pharmacists must record activities in PMR or PCR.</p> <p>The following records should be kept (paper or computer based) and are included in the patient assessment form:</p> <ul style="list-style-type: none">• 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) <p><i>The patient's GP, where known, should be provided with a copy of the GP notification form for the supply of aciclovir on the same, or next available working day.</i></p> <p>These records should be retained in accordance with national guidance¹ (see page 56 for Standard retention periods summary table). Where local arrangements differ, clarification should be obtained through your Health Board Information Governance Lead.</p> <p>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.</p> <p>1. Scottish Government. <i>Scottish Government Records Management</i>. Edinburgh 2020. Available at SG-HSC-Scotland-Records-Management-Code-of-Practice-2020-v20200602.pdf (Accessed on 21/05/2021)</p>
Additional references	British National Formulary (BNF) current edition and aciclovir SPC

PATIENT GROUP DIRECTION FOR THE SUPPLY OF ACICLOVIR TABLETS OR DISPERSIBLE TABLETS BY COMMUNITY PHARMACISTS UNDER THE 'NHS PHARMACY FIRST SCOTLAND' 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 aciclovir tablets or dispersible tablets.

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	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 Dq.pcd@nhs.scot	Please e-mail or post
Fife	PGD Administrator, Pharmacy Services, NHS Fife, Pentland House, Lynebank Hospital, Halbeath Road, Dunfermline, KY11 4UW Fife.pgd@nhs.scot	Please e-mail or post
Forth Valley	Community Pharmacy Development Team, Forth Valley Royal Hospital, Stirling Road, Larbert, FK5 4WR fv.communitypharmacysupport@nhs.scot	Please e-mail 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	Janine Glen, Contracts Manager, Community Pharmacy, NHS Greater Glasgow & Clyde, Clarkston Court, 56 Busby Road, Glasgow G76 7AT ggc.cpdevteam@nhs.scot	0141 201 6044 Or e-mail
Highland	Community Pharmaceutical Services, NHS Highland, Assynt House, Beechwood Park, Inverness. IV2 3BW nhsh.cpsoffice@nhs.scot	Please e-mail or post
Lanarkshire	Pharmacy/Prescribing Admin Team, NHS Lanarkshire Headquarters, Kirklands, Fallside Road, Bothwell, G71 8BB PharmacyAdminTeam@lanarkshire.scot.nhs.uk	Please e-mail or post
Lothian	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	Lyndsay Steel, Lead General Practice Pharmacist. The Balfour, Foreland Road, Kirkwall, KW15 1NZ Ph: 01856 888 911 ork.primarycarepharmacy@nhs.scot	Please e-mail or post
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 Diane.Robertson9@nhs.scot	Please e-mail or post
Western Isles	Stephan Smit, Primary Care Department, The Health Centre, Springfield Road, Stornoway, Isle of Lewis, HS1 2PS	No fax, please post