



Patient Group Direction For The Supply Of Fusidic Acid Cream By Community Pharmacists Under The 'Pharmacy First' Service

Version – 1

Effective from August 2022

NoS/PGD/FusidicAcid/MGPG1308

This Patient Group Direction (PGD) has been adopted from the PGD template produced by NHS 24 in August 2022

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

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

NICE Guideline 153¹ recommends that hydrogen peroxide 1% cream should be considered as first line treatment for patients with localised non-bullous impetigo who are not systemically unwell or at high risk of complications. Hydrogen peroxide 1% cream (Crystacide) is listed on the NHS PFS Approved List.

Please refer to your local Health Board policy for first line treatment of impetigo.

Change History – see table at end of this document for more details

- Removal of lower age limit
- Minor changes to inclusion criteria
- Minor changes to exclusion criteria
- Clarification of symptoms
- Additional safety netting advice included

If this PGD is past the review date, the content shall remain valid until such time that the review is complete and a new version has been published. **It is the responsibility of the person using the PGD to ensure they are using the most recent issue.**

¹. National Institute for Health and Care Excellence. *Guideline 153 Impetigo : antimicrobial prescribing*. February 2020. Available at: [Impetigo: antimicrobial prescribing \(nice.org.uk\)](https://www.nice.org.uk/guidance/153) (accessed 16th June 2022)

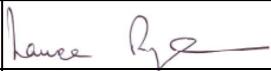
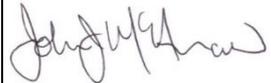
Patient Group Direction For The Supply Of Fusidic Acid Cream By Community Pharmacists Under The 'Pharmacy First' Service

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 specimen PGD has been approved on behalf of NHS Scotland by NHS 24 by:			
Doctor	Dr Laura Ryan	Signature	
Pharmacist	Dr John McAnaw	Signature	
NHS Scotland Representative	Mr Jim Miller	Signature	

This PGD template has been adopted by NoS for use across all 6 NoS Health Boards.

Approved on behalf of NoS by:					
Doctor:	Dr Boyd Peters	Signature		Date Signed	21/09/2022
Pharmacist	Sarah Buchan	Signature		Date Signed	18/08/2022
Community Pharmacist	Jackie Agnew	Signature		Date Signed	18/08/2022

Approved for use within NoS Boards by;

North of Scotland (NoS) PGD Group Chair	Signature	Date Signed
Lesley Coyle		21/09/2022

Authorised and executively signed for use within NoS Boards by;

NHS Grampian Chief Executive	Signature	Date Signed
Professor Caroline Hiscox		22/09/2022

Version 1 effective from August 2022 review date August 2024

Clinical Situation

Indication	Treatment of minor staphylococcal skin infections. (Impetigo)
Inclusion Criteria	<ul style="list-style-type: none"> • Adults and children with minor/localised, uncomplicated skin infection. • The rash consists initially of vesicles with erythematous base which easily rupture and are seldom observed. The exudate dries to form yellow-gold or yellow-brown crust which gradually thickens. • Informed consent by patient or parent/carer. • Patient must be present at consultation.
Exclusion Criteria	<ul style="list-style-type: none"> • Widespread skin infection. • History of MRSA colonisation or infection • Has had impetigo treated with an antibiotic (including fusidic acid 2% cream) within the last 3 months. • Patient systemically unwell • Allergy to any component of the cream. • Patient/carer refuses treatment. • Presenting with any underlying skin condition on the same area of the body as impetigo.
Cautions /Need for further advice/ Circumstances when further advice should be sought from a doctor	<p>Any doubt as to inclusion/exclusion criteria being met.</p> <p>Lesions present near the eye – care should be taken when applying cream near to the eye.</p> <p>Patients under one year of age – in some cases, impetigo management may require oral (or sometimes IV) antibiotics, especially in neonates. These children may need clinical review therefore appropriate safety-netting advice is essential e.g. if not improving, see GP.</p>
Action if Excluded	Refer to GP Practice/Out-of-hours (OOH) service and document in Patient Medication Record (PMR)
Action if Patient Declines`	<p>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. Advise to contact NHS 24 if becoming systemically unwell or rapidly spreading to large areas of body during OOH period.</p> <p>The reason for declining treatment and advice given must be documented.</p> <p>Ensure patient is aware of risks and consequences of declining treatment.</p> <p>Record outcome in Patient Medication Record (PMR) if appropriate.</p>

Description of Treatment

Name of Medicine	Fusidic Acid
Form/Strength	2% Cream
Route of administration	Topical
Dosage	Apply gently to lesions
Frequency	Apply three or 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
Additional information	None
Warnings including possible adverse reactions and management of these	<p>Side effects with this product are rare however hypersensitivity reactions may occur.</p> <p>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 PGD. This can be accessed on Home - electronic medicines compendium (emc)</p>
Reporting procedure for adverse reactions	<p>Pharmacists should document and report all adverse incidents through their own internal governance systems.</p> <p>All adverse reactions (actual and suspected) should be reported to the appropriate medical practitioner and recorded in the patient's medical record. Pharmacists should record in their PMR and inform the patient's GP as appropriate (e.g. via SBAR).</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>

Advice to Patient/carer including written information	<ul style="list-style-type: none"> • Wash hands before and after applying cream. • Where possible remove scabs by bathing with 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. • If applicable, 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. Advise that child should be excluded from school until the lesions are crusted and healed or 48 hours after commencing antibiotic treatment. • 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	<p>If the skin infection spreads or there is no improvement after 5 days, seek medical advice from GP.</p> <p>If patient becomes systemically unwell or rapidly spreading to large areas of body during OOH period seek medical advice from NHS 24.</p>
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). • Clean and tidy work areas, including access to hand washing facilities. <p>Access to current BNF (online version preferred).</p>

Characteristics of staff authorised under the PGD

Professional qualifications	<p>Registered pharmacist with current General Pharmaceutical Council (GPhC) registration.</p> <p>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.</p>
Specialist competencies or qualifications	<p>Has successfully completed NES Pharmacy "Impetigo for NHS Pharmacy First Scotland" e-learning module.</p> <p>Available at: https://learn.nes.nhs.scot/34440/pharmacy/cpd-resources/impetigo-for-nhs-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>

	Must be familiar with the Fusidic Acid Cream Summary of Product Characteristics (SPC).
Continuing education and training	<p>Has read current guidance on the management of impetigo Aware of local treatment recommendations.</p> <p>Attends approved training and training updates as appropriate.</p> <p>Undertakes CPD when PGD or NES Pharmacy module updates.</p>

Audit Trail

Record/Audit Trail	<p>All records must be clear, legible and in an easily retrieval format.</p> <p>Pharmacists must record in Patient Medication Record (PMR). 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) • 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>The patient's GP, where known, should be provided with a copy of the client assessment form for the supply of fusidic acid or appropriate referral on the same, or next available working day.</p> <p>These records should be retained in accordance with national guidance² (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>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>2. 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 29th November2021)</p>
Additional references	British National Formulary (BNF) current edition Fusidic Acid Cream SPC.

Version	Date	Summary of Changes
1.0	April 2020	Version 1.0 New PGD
2.0	August 2022	<p>The following sections have been updated:</p> <ul style="list-style-type: none"> • Addition of statement regarding first line treatment of non-bullous impetigo for patients who are not systemically unwell or at high risk of complications – refer to local Health Board policy on use of hydrogen peroxide 1% cream (Crystacide). • Addition of covering statement regarding validity of PGD when approaching date for review of content. • Removal of lower age limit of 2 years. • Changes to inclusion criteria to clarify symptoms of impetigo. • Amendment of exclusion criteria from multiple site to widespread infection. • Removal of “concern about non-compliance with topical treatment” exclusion. • Update to guidance for children at school to minimise risk of spread of infection. • Addition of guidance on follow up required when patient becomes systemically unwell during OOH period.

Appendix 1 - 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	<input type="checkbox"/>	Grampian	<input type="checkbox"/>	Orkney	<input type="checkbox"/>
Borders	<input type="checkbox"/>	Gr Glasgow & Clyde	<input type="checkbox"/>	Shetland	<input type="checkbox"/>
Dumfries & Galloway	<input type="checkbox"/>	Highland	<input type="checkbox"/>	Tayside	<input type="checkbox"/>
Fife	<input type="checkbox"/>	Lanarkshire	<input type="checkbox"/>	Western Isles	<input type="checkbox"/>
Forth Valley	<input type="checkbox"/>	Lothian	<input type="checkbox"/>		

Appendix 2 – NHS Boards

NHS Board	Address	Fax Number
Ayrshire & Arran	Iain Fulton, NHS Ayrshire & Arran, Eglington House, Ailsa Hospital, Dalmellington Road, Ayr, KA6 6AB margaret.scott3@aapct.scot.nhs.uk	Please email or post
Borders	Adrian Mackenzie, Lead Pharmacist Pharmacy Department, Borders General Hospital, Melrose, TD6 9BS communitypharmacy.team@borders.scot.nhs.uk	Please email or post
Dumfries & Galloway	NHS Dumfries & Galloway, Primary Care Development, Ground Floor North, Mountainhall Treatment Centre, Bankend Rd, Dumfries, DG1 4TG Dg.pcd@nhs.scot	Please email or post
Fife	PGD Administrator, Pharmacy Services, NHS Fife, Pentland House, Lynebank Hospital, Halbeath Road, Dunfermline, KY11 4UW Fife.pgd@nhs.scot	Please email or post
Forth Valley	Community Pharmacy Development Team, Forth Valley Royal Hospital, Stirling Road, Larbert, FK5 4WR fv.communitypharmacysupport@nhs.scot	Please email or post
Grampian	Pharmaceutical Care Services Team NHS Grampian, Pharmacy & Medicines Directorate, Westholme, Woodend, Queens Road, Aberdeen, AB15 6LS gram.pharmaceuticalcareservices@nhs.scot	Please email 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 email
Highland	Community Pharmaceutical Services, NHS Highland, Assynt House, Beechwood Park, Inverness. IV2 3BW nhsh.cpsoffice@nhs.scot	Please email or post
Lanarkshire	Pharmacy/Prescribing Admin Team, NHS Lanarkshire Headquarters, Kirklands, Fallside Road, Bothwell, G71 8BB Pharmacy.AdminTeam@lanarkshire.scot.nhs.uk	Please email or post
Lothian	Primary Care Contractor Organisation, 2 ND Floor, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG CommunityPharmacy.Contract@nhslothian.scot.nhs.uk	Please email or post
Orkney	Lyndsay Steel, Lead General Practice Pharmacist. The Balfour, Foreland Road, Kirkwall, KW15 1NZ Phone: 01856 888 911 ork.primarycarepharmacy@nhs.scot	Please email or post
Shetland	Mary McFarlane, Principal Pharmacist, NHS Shetland, Gilbert Bain Hospital, Lerwick, Shetland, ZE1 0TB	Please email or post
Tayside	Diane Robertson Pharmacy Department, East Day Home, Kings Cross Hospital, Clepington Road, Dundee, DD3 8AE Diane.Robertson9@nhs.scot	Please email or post
Western Isles	Michelle Taylor, Primary Care Dept, The Health Centre, Springfield Road, Stornoway, Isle of Lewis, HS1 2PS	Please post

Appendix 3 - Patient Group Direction For Adults And Children Over 2 Years Of Age Presenting With Symptoms Of Impetigo: Patient Assessment Form

Patient assessment form

Patient Name:	<i>Click or tap here to enter text.</i>	Date of Birth /CHI:	<i>Click or tap here to enter text.</i>
Date of assessment:	<i>Click or tap to enter a date.</i>	Patient consents to GP being informed:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Patient clinical picture and related appropriate actions

Symptom assessment	Yes	No	Actions
Rash typical of impetigo? (Initially presents as vesicles with erythematous base which easily rupture with exudate drying to form a yellow/gold or yellow/brown crust which gradually thickens).	<input type="checkbox"/>	<input type="checkbox"/>	If NO, consider alternative diagnosis and proceed appropriately. If YES, may be suitable to receive Fusidic acid cream under PGD.
Clinical features	Yes	No	Actions
Has already tried Hydrogen Peroxide (Crystacide) 1% cream to treat lesions?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, consider recommending this as first step of treatment. If YES, may be suitable to receive Fusidic acid under PGD.
Widespread skin infection?	<input type="checkbox"/>	<input type="checkbox"/>	If NO (minor/localised, uncomplicated area of infection only) may be suitable to receive Fusidic acid under PGD. If YES (widespread, extensive lesions), REFER to GP.
History of MRSA colonisation or infection?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, REFER to GP.
Had impetigo treated with any form of antibiotics within the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, REFER to GP.
Patient systemically unwell?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, REFER to GP or OOH if appropriate.
Known allergy to any component of the cream?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, REFER to GP.
Presenting with any underlying skin condition on the same area of the body as impetigo?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, REFER to GP.

Appendix 3 - Patient Group Direction For Adults And Children Over 2 Years Of Age Presenting With Symptoms Of Impetigo: Patient Assessment Form

Preparation options and supply method

Medicine and strength	Regimen - Health Board specific	Supply method
Fusidic acid 2% cream (1 x 15 g)	Apply gently to affected area THREE or FOUR times daily for 5 days	PGD via UCF

Patient advice checklist

Advice	Provided (tick as appropriate)
Wash hands before and after applying cream	<input type="checkbox"/>
Where possible, remove scabs by bathing with warm water before applying the cream	<input type="checkbox"/>
Impetigo is a very infectious condition. Important to prevent infection spreading by using own flannels and towels (hot wash after use)	<input type="checkbox"/>
Do not scratch or pick spots	<input type="checkbox"/>
Suggest applying creams THREE times daily on school days (before school, after school and evening) and FOUR times daily at other times	<input type="checkbox"/>
Inform school of condition – advise that child should be excluded from school until the lesions are crusted and healed or 48 hours after commencing antibiotic treatment	<input type="checkbox"/>
If infection spreads or there is no improvement after 5 days, seek medical advice from GP	<input type="checkbox"/>
If patient becomes systemically unwell or infection is rapidly spreading to large areas of body during OOH period, seek medical advice from NHS 24.	<input type="checkbox"/>
Do not share cream with anyone else	<input type="checkbox"/>
Do not apply to breast if patient is breastfeeding	<input type="checkbox"/>
Inform patient of possible side effects of medication and their management	<input type="checkbox"/>
Provide patient information leaflet	<input type="checkbox"/>

Communication

Contact made with	Details (include time and method of communication)
Patient's regular General Practice (details)	Click or tap here to enter text.

Appendix 3 - Patient Group Direction For Adults And Children Over 2 Years Of Age Presenting With Symptoms Of Impetigo: Patient Assessment Form

Details of medication supplied and pharmacist supplying under the PGD

Medication supplied	Click or tap here to enter text.
Batch number and expiry	Click or tap here to enter text.
Print name of pharmacist	Click or tap here to enter text.
Signature of pharmacist	Click or tap here to enter text.
GPhC registration number	Click or tap here to enter text.

Appendix 4 - Notification of Supply From Community Pharmacy

CONFIDENTIAL WHEN COMPLETED

Data protection confidentiality note: this message is intended only for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

GP name	Click or tap here to enter text.	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Pharmacy Stamp</div> <div style="border: 1px solid black; height: 100px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Pharmacist name</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Click or tap here to enter text.</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">GPhC number</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Click or tap here to enter text.</div> <div style="border: 1px solid black; padding: 5px;">Date</div> <div style="border: 1px solid black; padding: 5px;">Click or tap to enter a date.</div>
GP practice address	Click or tap here to enter text.	
	Click or tap here to enter text.	
The following patient has attended this pharmacy for assessment and potential treatment of impetigo:		
Patient name	Click or tap here to enter text.	
Date of birth/CHI	Click or tap here to enter text.	
Patient address	Click or tap here to enter text.	
	Click or tap here to enter text.	
Postcode	Click or tap here to enter text.	

Following assessment (Tick as appropriate)

Presenting symptoms	
Rash typical of impetigo (Initially presents as vesicles with erythematous base which easily rupture with exudate drying to form a yellow/gold or yellow/brown crust which gradually thickens – minor/localised lesions)	<input type="checkbox"/>
Treatment	
Your patient has been supplied with 1 x 15 g Fusidic acid cream (Apply gently to affected area THREE or FOUR times daily for 5 days)	<input type="checkbox"/>
Your patient is unsuitable for treatment via PGD for the following reasons and has been referred: Click or tap here to enter text.	<input type="checkbox"/>

Your patient has been advised to contact the practice if symptoms fail to resolve following treatment. You may wish to include this information in your patient records.

Patient consent: I can confirm that the information is a true reflection of my individual circumstances and I give my consent to allow a pharmacist working under the terms of NHS Pharmacy First Scotland to provide the most appropriate advice and/or treatment for me. I also give my permission to allow the pharmacist to pass, to my own GP, details of this consultation and any advice given or treatment provided. I have been advised that some of the information may be used to assess the uptake of the service but this will be totally anonymous and not be attributable to any individual patient.

Patient signature	Date
Click or tap to enter a date.	Click or tap to enter a date.

This form should now be sent to the patient's GP and a copy retained in the pharmacy.