Patient Group Direction (PGD)

This PGD authorises community pharmacists to supply hydrocortisone 1% cream or ointment to patients aged 1 month and over for the treatment of symptoms of skin inflammation under NHS Pharmacy First Scotland.

Publication date: 28th January 2026

Version 1.0

NHS SCOTLAND

Most Recent Changes

Version	Date	Summary of changes
1.0	28/01/2026	• New PGD
1.0	28/01/2026	• Section 1.2 Addition of local advice relating to valid consent • Page 17 Updated address for NHS D+G Primary Care Department

Contents

Authorisation

This PGD is not legally valid until it has had the relevant organisational authorisation.

PGD Hydrocortisone 1% cream or ointment

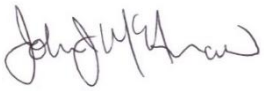
This specimen PGD template has been produced in collaboration with the Community Pharmacy Advisory Group (CPAG) to assist NHS boards in the uniform provision of services under the 'NHS Pharmacy First Scotland' banner across NHS Scotland. NHS boards should ensure that the final PGD is considered and approved in line with local clinical governance arrangements for PGDs.

The community pharmacist who may supply hydrocortisone 1% cream or ointment under this PGD can do so only as a named individual. 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 manufacturer's product information/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 approved on behalf of NHS Scotland by NHS 24 by:

Doctor (Name / Signature): Dr Ron Cook 

Pharmacist (Name /Signature): Dr John McAnaw 

NHS Scotland representative (Name / Signature): Mr Jim Miller 

This PGD has been approved for NHS Dumfries and Galloway by:

Medical Director:	Ken Donaldson	**Signature:** 
Director of Pharmacy:	Nikki Holmes	**Signature**: 
Nurse Director:	Mark Kelly	**Signature:** 

Effective from: 13/03/2026

It is the responsibility of the person using the PGD to ensure they are using the most recent issue.

Expiry date: 27th January 2029

1. Clinical situation

1.1. Indication

Treatment of inflammatory skin conditions.

1.2. Inclusion criteria

Individuals aged 1 month and over with symptoms of skin inflammation, who are not eligible for treatment with an 'over the counter' (OTC) product (either sold OTC or supplied from NHS PFS Approved List)

Valid consent has been received (either from the individual or, if applicable, from the parent/guardian/carer). Practitioners operating under this PGD should ensure that consent is informed, voluntary, and given by an individual with capacity, and that consent is treated as an ongoing process. Where there is doubt about an individual's capacity to consent, practitioners must follow the requirements of the **Adults with Incapacity (Scotland) Act 2000** and local **NHS Dumfries & Galloway** procedures. Practitioners should complete relevant Turas Learn training on consent and capacity, including the **Once for Scotland Adults with Incapacity (AWI) modules**, as appropriate to role and scope of practice.

1.3. Exclusion criteria

Hypersensitivity to the active substance or to any of the excipients.

Skin lesions caused by bacterial, fungal or viral skin infection e.g. cold sores, impetigo, chicken pox, acne, athlete's foot or ringworm.

Patients who have suffered any trauma to the area e.g. scratch, graze or bite (human or animal).

Infected eczema (Signs include increased redness, swelling, warmth, oozing or pus, crusting, pain, and sometimes fever or blisters).

Rosacea.

Acne.

Perioral dermatitis.

Psoriasis.

Patient has a suspected systemic infection relating to the presenting skin condition.

Individuals who are unable to apply the product effectively to themselves or do not have a parent/guardian/carer to administer or apply the product for them.

Valid consent has not been received (either from the individual or, if applicable, from the parent/guardian/carer).

1.4. Cautions / need for further advice / circumstances when further advice should be sought from a prescriber

As with all topical corticosteroids, prolonged application is undesirable, particularly to the face. Individuals should adhere to guidance for duration of use, and seek further advice if symptoms worsen shortly after finishing treatment.

Topical corticosteroids may be used in pregnancy if the benefits to the mother and child outweigh the potential risks. Appropriate use of topical corticosteroids should, in general, not lead to high systemic levels and is therefore unlikely to pose significant risks during pregnancy.

There is no evidence against use in breastfeeding women. However, caution should be exercised when used by nursing mothers, in particular where treatment is applied to the breast.

Application to the periorbital area (including the eyelids): apply very sparingly for maximum of 7 days, and to seek further advice if any blurred vision occurs (to investigate for raised intraocular pressure or central serous retinopathy).

Frequent and liberal amounts of emollient should be advised as first line treatment for skin inflammation, particularly in children.

Refer to GP practice if symptoms worsen during the first 7 days of treatment or do not resolve following completion of treatment.

1.5. Action if excluded

If appropriate, refer to GP practice / Out-of-hours (OOH) service and document the reason for exclusion and any action taken in Patient Medication Record (PMR).

1.6. Action if patient declines

If appropriate, refer to GP practice and document the reason for declining treatment and advice given in PMR.

2. Description of treatment

2.1. Name of medicine / form / strength

Hydrocortisone 1% cream or ointment

2.2. Route of administration

Topical

2.3. Dosage

Apply sparingly to affected area(s)

2.4. Frequency

Once or twice daily

2.5. Duration of treatment

Normally up to 7 days, but may require up to 14 days.

2.6. Maximum or minimum treatment period

Treatment should be continued for 48 hours after flare has been controlled, up to a maximum of 14 days.

If using as treatment for nappy rash, infants and children should use for a maximum of 7 days.

If symptoms worsen during first 7 days of use - stop using and seek further medical advice .

2.7. Quantity to supply

1 x 15g tube or 1 x 30g tube

2.8. ▼ black triangle medicines

No

2.9. Legal category

Prescription Only Medicine (POM)

2.10. Is the use out with the SPC?

No.

2.11. Storage requirements

As per manufacturer's instructions

Store below 25ºC in a cool, dry place

2.12. Additional information

None

3. Adverse reactions

3.1. Warnings including possible adverse reactions and management of these.

Please refer to current BNF or SPC for full details

Topical hydrocortisone preparations are usually well tolerated, but if a patient experiences any side effects that are intolerable or hypersensitivity reactions occur, the medication should be discontinued and seek further advice if required.

Spreading and worsening of untreated infection, thinning of the skin and pigmentation changes or excessive hair growth.

Striae may occur especially in intertriginous areas.

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 supplying the medication under this PGD. This can be accessed on **www.medicines.org.uk**

In the event of a severe adverse reaction, individuals should be advised to seek medical advice.

3.2. 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) 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.

Where appropriate, healthcare professionals and individuals/carers should report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme. Yellow cards and guidance on their use are available at the back of the BNF or online at **www.mhra.gov.uk/yellowcard**

3.3. Advice to patient or carer including written information

Written information to be given to individuals or their parent/guardian/carer:

- Provide manufacturer's consumer information leaflet/patient information leaflet (PIL)

Individual/parent/guardian/carer verbal advice:

- Advise on mode of action, benefits of the medicine, possible side effects and their management.
- Advise on how to apply an appropriate quantity of the cream or ointment (fingertip units) sparingly on the skin to cover the affected area.
- Wash hands before and after using the cream or ointment.
- Do not cover the area with a dressing or plaster.
- Avoid getting the cream or ointment in the eyes.

- Advise on appropriate use of emollients if necessary – long term use can decrease the need for future topical corticosteroids. When co-administering emollient, apply the corticosteroid first, ideally leaving 20 - 30 minutes before applying emollient.

- If condition worsens during first 7 days of use or symptoms persist for longer than 14 days, stop using and seek further medical advice.

- The individual or their parent/guardian/carer should be advised to seek medical advice in the event of a severe adverse reaction.

- Inform the individual or their parent/guardian/carer that they can report suspected adverse reactions to the MHRA using the Yellow Card reporting scheme on: **www.mhra.gov.uk/yellowcard**

3.4. Monitoring

Not applicable

3.5. Follow up

Refer to GP practice if symptoms worsen or do not resolve following treatment.

3.6. Additional facilities

The following should be available when the medication is supplied:

- An acceptable level of privacy to respect patient's rights to confidentiality and safety
- Access to medical support (this may be via telephone or email)
- 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)

4. Characteristics of staff authorised under the PGD

4.1. Professional qualifications

Pharmacist with current General Pharmaceutical Council (GPhC) registration.

Under PGD legislation there can be no delegation. Supply of the medication has to be completed by the same practitioner who has assessed the patient under this PGD.

4.2. Specialist competencies or qualifications

Persons must only work under this PGD where they are competent to do so.

All persons operating this PGD:

- must be familiar with the hydrocortisone medicine and alert to changes in the manufacturer's product information/summary of product characteristics information.
- must have successfully complete the NES Pharmacy e-learning module: **Inflammatory skin conditions for NHS Pharmacy First Scotland**
- must be able to assess the capacity of the individual or parent/guardian/carer to understand the nature of the purpose of the medication in order to give or refuse consent.

4.3. Continuing education and training

All practitioners operating under the PGD are responsible for ensuring they remain up to date with the use of medications included and be aware of local treatment recommendations.

Attend approved training and training updates as appropriate.

Undertake relevant continuing professional development when PGD or NES Pharmacy modules are updated.

5. Audit trail

5.1. Authorisation of supply

Pharmacists should complete the individual authorisation form contained in the PGD (Appendix 1) and, where required, submit to the relevant NHS Health Board prior to using the PGD.

5.2. Record of supply

An electronic or paper record must be completed to allow audit of practice. All records must be clear, legible, contemporaneous and in an easily retrievable format.

A Universal Claim Framework (UCF) record of the screening and subsequent supply, or not, of the medicine specified in this PGD should be made in accordance with the NHS Pharmacy First Scotland service specification.

Pharmacists must record the following information, included in the assessment form, in the PMR (either paper or computer based):

- name of individual, address, date of birth / CHI number
- name of GP with whom the individual is registered (if known)
- confirmation that valid consent to be treated under this PGD was obtained (include details of parent/guardian/carer where applicable)
- details of presenting complaint and diagnosis
- details of medicine supplied - name of medicine, batch number and expiry date, with date of supply.

- details of exclusion criteria – why the medicine was not supplied (if applicable)
- advice given, including advice given if excluded or declines treatment under this PGD
- details of any adverse drug reactions and actions taken
- referral arrangements (including self-care)
- signature and printed name of the pharmacist who undertook assessment of clinical suitability and, where appropriate, subsequently supplied the medicine

The patient's GP (where known), should be provided with a copy of the GP notification form for the supply of hydrocortisone 1% cream or ointment, or appropriate referral on the same, or next available working day.

These records should be retained in accordance with national guidance[1] (see page 56 for standard retention periods summary table). Where local arrangements differ, clarification should be obtained through the Health Board Information Governance Lead.

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.

1. Scottish Government. *Scottish Government Records Management.* Edinburgh 2020. Available at **SG-HSC-Scotland-Records-Management-Code-of-Practice-2020-v20200602.pdf** (accessed 22nd January 2026)

6. Additional references

Practitioners operating the PGD must be familiar with:

1. Current edition of British National Formulary (BNF) and BNF for children. Available at **BNF (British National Formulary) | NICE and BNFC (British National Formulary for Children) | NICE** (accessed 22nd January 2026)

2. Marketing authorisation holder's Summary of Product Characteristics. Electronic Medicines Compendium. *Hydrocortisone 1% w/w cream SPC.* Available at **Hydrocortisone cream 1% w/w - Summary of Product Characteristics (SmPC) - (emc) | 13103** (accessed 22nd January 2026)

3. Marketing authorisation holder's Summary of Product Characteristics. Electronic Medicines Compendium. *Hydrocortisone 1% w/w ointment SPC.* Available at **Hydrocortisone 1% w/w Ointment - Summary of Product Characteristics (SmPC) - (emc) | 4599** (accessed 22nd January 2026)

4. National Institute for Clinical Excellence / Public Health England. Available at: **Dermatitis - contact | Health topics A to Z | CKS | NICE** (accessed 22nd January 2026)

5. National Institute for Clinical Excellence / Public Health England. Available at: **Eczema - atopic | Health topics A to Z | CKS | NICE** (accessed 22nd January 2026)

6. National Institute for Clinical Excellence / Public Health England. Available at: **Corticosteroids - topical (skin), nose, and eyes | Health topics A to Z | CKS | NICE** (accessed 22nd January 2026)

7. Medicines and Healthcare products Regulatory Agency. *Guidance: Topical corticosteroids and withdrawal reactions.* Available at: **Topical corticosteroids and withdrawal reactions - GOV.UK** (accessed 22nd January 2026).

8. UK Teratology Information Service. Use of topical corticosteroids in pregnancy. Available at: **USE OF TOPICAL CORTICOSTEROIDS IN PREGNANCY – UKTIS** (accessed 21st January 2026)

9. National Eczema Society. *Emollients.* Available at: **Emollients - National Eczema Society** (accessed 22nd January 2026).

10. Adults with Incapacity (Scotland) Act 2000

11. NHS Consent Policy on Healthcare Assessment, Care and Treatment

7. Individual authorisation (Appendix 1)

PGD FOR THE SUPPLY OF HYDROCORTISONE 1% CREAM OR OINTMENT BY COMMUNITY PHARMACISTS UNDER THE "NHS PHARMACY FIRST SCOTLAND" SERVICE

This PGD does not remove professional obligations and accountability.

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

Authorised staff should be provided with an individual copy of the clinical content of the PGD and a copy of the document showing their authorisation.

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

I have read and understood the PGD authorised by each of the NHS Boards I wish to operate in and agree to provide hydrocortisone 1% cream or ointment only in accordance with this PGD.

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 confirm you have signed this PGD with each Health Board you work in. Follow individual Health Board processes for submitting authorisation.

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

NHS Board	Address	
Ayrshire & Arran	Complete MS Form available at **Patient Group Directions – NHS Ayrshire & Arran**	Microsoft Form
Borders	Complete MS Form available at **nhsborders.scot.nhs.uk/patients-and-visitors/our-services/pharmacies/community-pharmacy/patient-group-directions-(pgds)-and-unscheduled-care-(cpus)/**	Microsoft Form
Dumfries & Galloway	NHS Dumfries & Galloway, Primary Care Services, Third Floor West, Mountainhall Treatment Centre, Bankend Rd, Dumfries, DG1 4TG **Dg.pcd@nhs.scot**	Please email or post
Fife	Complete MS Form available at: **PGDs - NHS Fife - Confirmation of Signature**	Microsoft Form
Forth Valley	Complete MS Form – see local Health Board information for relevant link.	Microsoft Form
Grampian	Pharmaceutical Care Services Team Summerfield House, 2 Eday Road, Aberdeen, AB15 6RE **gram.pharmaceuticalcareservices@nhs.scot**	Please email or post
Greater Glasgow & Clyde	Complete MS Form available at **PGDs - Greater Glasgow and Clyde**	Microsoft Form
Highland	Complete MS Form available at **NHS Highland PGDs**	Microsoft Form
Lanarkshire	Complete MS Form available at **NHS Lanarkshire - Patient Group Directions V2**	Microsoft Form
Lothian	No longer require pharmacists to return signed copies of PGDs. For any queries, please contact **loth.communitypharmacycontract.nhs.scot**	
Orkney	Pharmacy Department, The Balfour Hospital, Foreland Road, Kirkwall, KW15 1NZ Phone: 01856 888 911 **ork.pharmacyadmin@nhs.scot**	Please email or post
Shetland	Pharmacy Primary Care Services, NHS Shetland, Gilbert Bain Hospital, Lerwick, Shetland, ZE1 0TB **shet.pharmacyprimarycare@nhs.scot**	Please email or post
Tayside	Diane Robertson Pharmacy Department, East Day Home, Kings Cross Hospital, Clepington Road, Dundee, DD3 8AE **TAY.pharmacydepartment@nhs.scot**	Please email or post
Western Isles	Michelle Taylor, Primary Care, 37 South Beach, Stornoway HS1 2BB **Michelle.taylor44@nhs.scot**	Please email or post

8. Version history

Version	Date	Summary of changes
1.0	28/01/2026	New National Specimen PGD produced.