NHS Circular:
PCA(P)(2025) 20

Chief Medical Officer Directorate
Pharmacy and Medicines Division

Scottish Government
Riaghaltas na h-Alba
gov.scot

29 August 2025

Addresses

For action

Chief Executives, NHS Boards

For information

NHS Directors of Pharmacy

Enquiries to:

Pharmacy & Medicines Division
1st Floor East Rear
St Andrew's House
EDINBURGH
EH1 3DG
Email:
PharmacyTeam@gov.scot

www.gov.scot

Dear Colleague

ADDITIONAL PHARMACEUTICAL SERVICES NHS PHARMACY FIRST SCOTLAND – UPDATED PGDs

Summary

1. This Circular advises Health Boards and community pharmacy contractors of updated Patient Group Directions (PGDs) that are to be implemented for the treatment of acute uncomplicated urinary tract infections (UTIs) and impetigo under NHS Pharmacy First Scotland.

Background

2. The national PGDs for the treatment of UTIs and impetigo that have been in place since the launch of NHS Pharmacy First Scotland have been updated following a recent review and are now ready for release.

Detail

3. Changes to the existing PGDs have been reviewed by the Scottish Antimicrobial Prescribing Group (SAPG) and signed off by NHS 24 for use in all Health Boards. The changes are listed in a summary table at the start of each PGD.

4. Health Boards are responsible for local governance processes to approve, sign and publish these PGDs and have been asked to complete this as soon as they are able to do so.

Patient Group Directions

5. Updated PGDs have been developed nationally for NHS Pharmacy First Scotland to replace the existing PGDs for nitrofurantoin and trimethoprim (for the treatment of UTIs) and fusidic acid (for the treatment of impetigo).

6. The **Annex** to this circular provides copies of the updated draft PGDs which have been approved by NHS 24 to allow pharmacists as much time as possible to familiarise themselves with the relevant details. In the meantime, as local governance procedures must be followed even when a PGD is agreed nationally, Health Boards will each approve, sign and publish these PGDs through the appropriate channels.

7. Individual authorisation forms should be completed by pharmacists delivering NHS Pharmacy First Scotland and, where required, submitted to each Health Board area that they work in according to the usual process.

Training

8. Community pharmacy contractors should ensure that pharmacists complete the short updates to the e-learning modules for shingles and skin infections, now available on the NES TURAS Learn website at:

UTIs:

Urinary Tract Infections (UTIs) for NHS Pharmacy First Scotland | Turas | Learn

Impetigo:

Impetigo for NHS Pharmacy First Scotland | Turas | Learn

9. The content of this Circular has been agreed with Community Pharmacy Scotland.

Action

10. Health Boards are asked to note the contents of this Circular and to bring it to the attention of community pharmacy contractors on their Pharmaceutical Lists, GPs, Health and Social Care Partnerships and Area Pharmaceutical Committees.

Yours sincerely

Alison Strath
Chief Pharmaceutical Officer
Pharmacy & Medicines Division

Annex

Patient Group Direction (PGD)

This PGD authorises community pharmacists to supply nitrofurantoin MR capsules / immediate release capsules or tablets to non-pregnant patients aged 16 years and over presenting with symptoms of acute uncomplicated urinary tract infection under NHS Pharmacy First Scotland.

Publication date: 14 August 2025

Version 3.0

NHS SCOTLAND

Most Recent Changes

Version	Date	Summary of changes
3.0	August 2025	Version 2.0 PGD transferred into new NHS PFS template. 1.1 Indication • Addition of text to give guidance on when not to prescribe. 1.2 Inclusion criteria: • Clarification of inclusion criteria when dipstick testing is unavailable or patient is 65 years of age or over (amended wording) 1.3 Exclusion criteria: • Removal of following to prevent duplication with inclusion criteria ○ Patient under 16 years of age • Update to wording on interactions to standardise with other PFS PGDs. 1.4 Cautions/ need for further advice section: • Moved guidance from inclusion criteria for considering a renal assessment prior to supplying nitrofurantoin. • Moved guidance from exclusion criteria for patient presenting who is systemically unwell. • Addition of further advice on dealing with patients with renal or hepatic impairment. 2.1 Name of medicine/strength/form • Addition of immediate release 50mg capsules 2.3 Dosage • Addition of immediate release 50mg capsules 2.4 Frequency • Addition of immediate release 50mg capsules 2.7 Quantity to supply • Addition of immediate release 50mg capsules

Version	Date	Summary of changes
		3.1 Warnings including possible adverse effects and the management of these • Addition of common side effects when taking nitrofurantoin 3.5 Follow up • Addition of standard wording for NHS PFS PGDs 6.0 References • Update to references weblinks 7.0 Individual authorisation form • Update to include both trimethoprim and nitrofurantoin on one form to reduce paperwork • Updated contact details for Health Boards

Contents

Authorisation

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

PGD nitrofurantoin MR capsules, immediate release capsules or tablets

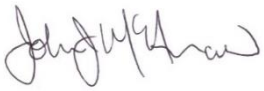
This specimen PGD template has been produced in collaboration with the Scottish Antimicrobial Prescribing Group and the Primary Care Community Pharmacy Group to assist NHS Boards in the uniform provision of services under 'NHS Pharmacy First Scotland' banner across NHS Scotland. NHS Boards should ensure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

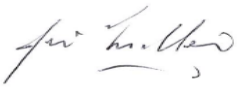
The community pharmacist who may supply nitrofurantoin 100 mg MR capsules or 50 mg immediate release capsules or tablets under this PGD can do so only as a named individual. It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with the General Pharmaceutical Council Standards for Pharmacy Professionals 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 must 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 

Approved on behalf of NHS……*insert Board*…… by:

Medical Director (Name / Signature) ……..
Director of Pharmacy/Senior Pharmacist (Name / Signature) ……
Clinical Governance Lead (Name / Signature) ……..
Date approved: ……

Effective from: *insert date*

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

Expiry date: 13 August 2028

1. Clinical situation

1.1. Indication

Treatment of acute uncomplicated urinary tract infection (UTI) in non-pregnant females aged 16 years and over.

SIGN guidance states lower urinary tract infections (LUTI) are commonly occurring and frequently self-limiting infections. Consider hydration and NSAIDs (if appropriate) as first-line treatment in women aged under 65 with suspected uncomplicated lower UTI who describe their symptoms as mild.

1.2. Inclusion criteria

Patients aged 16 years of age and over.

Assigned as female at birth and have not had any gender reassignment procedures.

Older women should be fit, ambulatory and self-caring.

If no dipstick testing is available, or patient is over 65 years of age, the patient must present with:

- **BOTH** dysuria and frequency

OR

- **THREE** or more of the following symptoms:
    - Dysuria
    - Frequency
    - Urgency
    - Suprapubic tenderness

Otherwise:

Diagnose a UTI in the presence of two or more urinary symptoms (dysuria, frequency, urgency, visible haematuria or nocturia) and a positive dipstick test result to nitrite.

NOTE: A positive dipstick test in women over 65 years of age is not an indication of UTI as asymptomatic bacteriuria is common in older women.

Valid consent to receiving treatment under this PGD has been obtained.

1.3. Exclusion criteria

Patients assigned male at birth.

Patients living in long term care facilities.

Hypersensitivity to nitrofurantoin or any of the excipients within the capsules / tablets.

If **UPPER** urinary tract infection is more likely i.e. Flank pain radiating towards the groin, feeling systemically unwell (fever and chills, rigors, nausea, vomiting) as well as with other symptoms of lower UTI.

Patients over 45 years of age with unexplained visible haematuria without symptoms of UTI.

Visible haematuria which persists or recurs after successful treatment of UTI.

Unexplained non-visible haematuria if found on urine dipstick if no UTI symptoms present.

Patients over 40 years of age who present with recurrent UTI with any haematuria.

Risk of treatment failure due to one or more of the following:

- Received antibiotic treatment within the previous 1 month
- Two or more episodes of UTI in last 6 months
- Three or more episodes of UTI in last 12 months

- Taking antibiotic prophylaxis for recurrent UTI

Presence of new unexplained vaginal discharge or itch suggestive or other pathology.

Confused

Patient utilises urethral or suprapubic catheters (either indwelling or intermittently)

Known abnormality of the urinary tract.

Known or suspected pregnancy

Known moderate to severe renal impairment.

History of renal stones / renal colic, abnormal urinary tract e.g. vesicoureteric reflux, reflux nephropathy, neurogenic bladder, urinary obstruction, stent, recent instrumentation.

Known haematological abnormalities, blood dyscrasias, known porphyria, known vitamin B (particularly folate) deficiency which has not been corrected, G6PD deficiency, electrolyte imbalance.

Known severe liver fibrosis / encephalopathy.

Known or susceptibility to peripheral neuropathy or known neurological disorder.

Current immunosuppression e.g. chemotherapy, long-term oral corticosteroids, other immunosuppressant therapies.

Known interstitial lung disease or poorly controlled respiratory disease.

Concomitant use of interacting medicines - See current BNF and SPC for full risk of possible interactions. If clinically significant interactions are identified, then patients should be referred to GP/OOH for consideration of an alternative treatment.

Individuals for whom no valid consent has been received.

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

Caution should be used in:

- Patients where there is any doubt of inclusion / exclusion criteria being met.
- A renal function assessment should be considered prior to supplying nitrofurantoin.
- Patients presenting with flank pain radiating towards the groin, feeling systemically unwell (fever and chills, rigors, nausea, vomiting) as well as with other symptoms of lower UTI should be referred to GP / Out of hours.
- Recent hospital in-patient stay (in the previous 3 months) – consider the reason for this admission.
- Known previous nitrofurantoin-resistant isolates or multi-drug isolates or recent travel to a country with known increased incidence of antimicrobial resistance.
- Patients over 65 years of age
    - Manage suspected UTI in ambulant women aged 65 years and over who are able to look after themselves independently with no co-morbidities as in those under 65 years, taking into account the increasing background incidence of asymptomatic bacteriuria.
- Diabetes
    - Patient with known diabetes is not excluded from treatment in community pharmacy. If concerned about recurrent UTIs or that this may be a side effect of medication e.g. SGLT2 inhibitors, consider signposting to GP practice for follow-up.
- Symptoms of UTI lasting longer than 7 days
    - Prolonged symptoms suggestive of a UTI may be considered for treatment, but clinical judgement may be required regarding onward referral.
- Breastfeeding
    - Patients who are breastfeeding and displaying symptoms of UTI can be considered for treatment in community pharmacy.

- As a rule, if a medication is licensed for use in paediatrics (neonatal age onwards), then it should be safe for use in breastfeeding as the dose the infant/child receives via the breastmilk will be significantly less than therapeutic doses.
- National Institute for Health and Care Excellence. British National Formulary for Children. Available at **Nitrofurantoin | Drugs | BNFC | NICE** (Accessed 13 August 2025). Nitrofurantoin is licensed for use from 3 months onwards.
- UK Drugs in Lactation Service states the following:
  - Nitrofurantoin can be used with caution.
  - Moderate level of evidence of use in breastfeeding, small amounts in breastmilk.
  - Avoid in known G6PD deficiency, hyperbilirubinaemia and in jaundiced premature infants because of risk of kernicterus.
  - **Advising on medicines during breastfeeding – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice** (accessed 13 August 2025)

- Renal impairment:
  - Patients with no known renal impairment can be treated without the requirement to independently check levels of impairment. Determination of "no known renal impairment" can be made by asking patient if GP has advised that they have some degree of renal/kidney function impairment, or if they have ongoing reviews with a renal doctor.
  - If there are any patient factors which could indicate an increased risk of renal impairment (e.g., current medication, relevant co-morbidities or age), treatment can be considered in community pharmacy if relevant patient records/blood results can be independently checked e.g., using Clinical Portal. If this is not possible, the patient should be referred to GP/OOH).
- Hepatic impairment
  - Patients with no known hepatic impairment can be treated without the requirement to independently check levels of

impairment. Determination of “no known hepatic impairment” can be made by asking patient if GP has advised that they have some degree of hepatic/liver function impairment, or if they have ongoing reviews with a hepatic doctor.

- If there are any patient factors which could indicate an increased risk of hepatic impairment (e.g., current medication, relevant co-morbidities or age), treatment can be considered in community pharmacy if relevant patient records/blood results can be independently checked e.g., using Clinical Portal. If this is not possible, the patient should be referred to GP/OOH).

1.5. Action if excluded

Refer to GP Practice / Out-of-hours (OOH) service and document reason for exclusion and any action taken in Patient Medication Record (PMR).

1.6. Action if patient declines

If patient declines treatment: advise on self-care to relieve symptoms and advise to see their GP practice if symptoms fail to resolve within three days or if symptoms worsen.

Patients can be directed to NHS Inform for guidance on self-care at: **Urinary tract infection (UTI) | NHS inform** (accessed 13 August 2025)

Ensure patient is aware of risks and consequences of declining treatment.

Document the reason for declining treatment and advice given in PMR.

2. Description of treatment

2.1. Name of medicine/form/strength

Nitrofurantoin 100 mg MR capsules	OR	Nitrofurantoin 50 mg capsules or tablets

2.2. Route of administration

Oral

2.3. Dosage

100 mg (MR capsules)	OR	50 mg (capsules or tablets)

2.4. Frequency

TWICE daily at 12 hourly intervals (MR capsules)	OR	FOUR times daily (capsules or tablets)

2.5. Duration of treatment

3 days

2.6. Maximum or minimum treatment period

One treatment cycle of 3 days

2.7. Quantity to supply

6 x 100 mg MR capsules	OR	12 x 50 mg capsules or tablets

2.8. ▼ black triangle medicines

No

2.9. Legal category

Prescription Only Medicine (POM).

In accordance with the MHRA all medicines **supplied** under a PGD **must** either be from over-labelled stock or be labelled appropriately in accordance with the regulatory body guidelines for the labelling of medicines for the professional providing the supply.

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.

If a patient experiences any side effects that are intolerable or hypersensitivity reactions occur, the medication should be discontinued.

The most frequent adverse effects at usual dose are nausea, vomiting, diarrhoea, loss of appetite, headaches, dizziness, drowsiness and discoloured dark yellow or brown urine.

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 severe adverse reaction e.g., swelling of eyes, face, lips or throat, shortness of breath or wheezing, developing of rash, or feeling faint, individuals should be advised to seek medical advice immediately.

Pharmacists should check patient medication history for clinically significant interactions using appropriate reference sources e.g., BNF, Stockley.

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:

- Provide manufacturer's consumer information leaflet/patient information leaflet (PIL) and information on UTI/cystitis (**TARGET TYI-UTI leaflet V23.5.pdf (rcgp.org.uk)** (Accessed 13 August 2025)

Verbal advice to be given to individuals/parent/carer:

- Advise about the importance of adequate hydration in relieving symptoms – offensive smelling or cloudy urine may be suggestive of dehydration.
- Increasing fluid intake to around 2.5L per day (6-8 mugs containing approximately 350ml) is thought to reduce UTI by dilution and flushing of bacteriuria. (No evidence has been identified for benefit, increasing fluid intake with water in women with urinary symptoms is a low-cost intervention without evidence of harm that may provide symptomatic relief).
- Advise the individual on mode of action, risks and benefits of the medicine, possible side effects and their management.
- This medicine should be taken regularly until the course is completed.
- Ensure the patient has access to appropriate analgesia for symptomatic relief of dysuric pain e.g. paracetamol or ibuprofen.
- Advise on self-care – maintaining a good fluid intake, wear loose fitting underwear / clothing, wear cotton underwear and avoid use of vaginal deodorants.

- Advise on ways to prevent reinfection – avoid double voiding, voiding after sexual intercourse.

- If using combined oral contraception, no additional contraceptive precautions are required unless vomiting or diarrhoea occur.

- Urine alkalinising agents should be avoided with nitrofurantoin as these reduce the antibacterial activity of nitrofurantoin.

- Avoid concomitant administration of magnesium trisilicate as this may reduce nitrofurantoin absorption.

- Nitrofurantoin may colour the urine yellow or brown, this is harmless.

- Ensure the patient is aware that if symptoms worsen, they experience significant flank pain, become systemically unwell, or develop a temperature then they should seek further medical advice **that day** from their GP practice or Out of hours (OOH).

- Advise patient to discontinue treatment if a rash develops and seek further medical advice.

- Advise patient to stop taking immediately and see medical advice from GP, OOH or NHS 24 if they experience pulmonary, hepatic, haematological or neurological reactions e.g. breathing difficulties, abdominal pain, discomfort, bruising and bleeding.

- If symptoms have not resolved after 3 days, if symptoms return or drug side effects are severe, seek further medical advice.

- If haematuria persists or returns after successful treatment, seek further medical advice for follow up.

- Advise that the patient's GP will be notified of the supply of antibiotics by the next working day, but should they need to seek further advice from Out of hours, the patient should make staff aware of their nitrofurantoin treatment.

- Inform the individual 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

Advise patient to seek further medical advice if symptoms worsen, or there is ongoing concern following the completion of treatment course.

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 a working telephone
- 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 or alcohol hand gel
- Access to current BNF (online version preferred)
    - BNF British National Formulary - NICE
    - BNF for Children British National Formulary - NICE
- Access to SmPC/PIL/Risk Minimisation Material:
    - Home - electronic medicines compendium (emc)
    - MHRA Products | Home
    - RMM Directory - (emc)
- Access to copy of current version of this PGD

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 must 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 nitrofurantoin medicine and alert to changes in the manufacturer's product information/summary of product information.
- Have successfully complete the NES Pharmacy e-learning module:

  https://learn.nes.nhs.scot/33556/pharmacy/cpd-resources/urinary-tract-infections-utis-for-nhs-pharmacy-first-scotland
- Be able to assess the person's/ parent's/ carer's capacity to understand the nature of the purpose of the medication in order to give or refuse consent.
- Be familiar with local Health Board treatment recommendations.

4.3. Continuing education and training

All practitioners operating under this PGD are responsible for:

- Maintaining their skills, knowledge, and their own professional level of competence in this area according to the General Pharmaceutical Council Standards for Pharmacy Professionals
- Ensuring they remain up to date with the use of medications included and be aware of local treatment recommendations.
- Attending 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 can be authorised to supply the medicine specified in this PGD when they have completed local Board requirements for service registration.

Pharmacists should complete the individual authorisation form contained in the PGD (Appendix 1) and submit to the relevant NHS Health Board prior to using the PGD via the preferred channel of that Board (may be email or completion of Microsoft Form).

5.2. Record of supply

All records must be clear, legible, contemporaneous and in an easily retrievable format to allow audit of practice.

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/person with parental responsibility 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 nitrofurantoin MR capsules or immediate release capsules or tablets, 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 your 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 30th June 2025)

6. Additional references

Practitioners operating the PGD must be familiar with:

1. Health Improvement Scotland. *SIGN 160: Management of suspected bacterial lower urinary tract infection in adult women. A national clinical guideline*. September 2020. Available at: **sign-160-uti-0-1_web-version.pdf** (accessed 13 August 2025)

2. Health Improvement Scotland: Scottish Antimicrobial Prescribing Group. Urinary Tract Infections. Available at: **Urinary tract infections (UTIs) (sapg.scot)** (Accessed 13 August 2025).

3. Public Health England. Diagnosis of urinary tract infections. July 2025. Available at: **Diagnosis of urinary tract infections: quick reference tools for primary care - GOV.UK** (Accessed 13 August 2025)

4. Royal College of General Practitioners. TARGET Urinary tract infection resource suite. Available at: **Urinary tract infection resource suite: Patient facing materials | RCGP Learning** (Accessed 13 August 2025)

5. Health Protection Scotland. Scottish Urinary Tract Infection Network. Available at: **The Scottish Urinary Tract Infection Programme (SUTIN) | National Services Scotland (nhs.scot)** (Accessed 13 August 2025).

6. Faculty of Sexual and Reproductive Health. Clinical guidance: Drug Interactions with Hormonal Contraception. May 2022. Available at: **Clinical Guidance: Drug Interactions with Hormonal Contraception (fsrh.org)** (Accessed on 13 August 2025)

7. Current edition of British National Formulary (BNF) **BNF British National Formulary - NICE,** and BNF for children **BNF for Children British National Formulary - NICE**

8. Marketing authorisation holder's Summary of Product Characteristics. Electronic Medicines Compendium. **Nitrofurantoin 100mg Capsules - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)** or **Nitrofurantoin 50 mg Tablets - Summary of Product Characteristics (SmPC) - (emc) or Nitrofurantoin 50 mg capsules - Summary of Product Characteristics (SmPC) - (emc) | 101005 (medicines.org.uk)**(Accessed 13 August 2025)

7. Individual authorisation (Appendix 1)

Form will be issued from individual Health Boards who still require a signed authorisation form once PGD is signed off locally.

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, 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 Services, Forth Valley Royal Hospital, Stirling Road, Larbert, FK5 4WR **fv.communitypharmacysupport@nhs.scot**	Please email or post
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	Community Pharmacy 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	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	March 2020	Original national PGD produced

2.0	August 2022	• Addition of covering statement regarding validity of PGD when approaching date for review of content.
		• Indication
		  ○ Removal of upper age limit
		• Inclusion criteria
		  ○ Clarification that “older women should be fit, ambulatory and self-caring” and that “a positive dip stick in women over 65 years of age is not an indication of UTI as asymptomatic bacteriuria is common in older women.”
		  ○ Inclusion of visible haematuria in list of symptoms when testing urine with dipstick.
		• Exclusion criteria
		  ○ Upper age limit removed
		  ○ Clarification that patients living in long term care facilities are excluded
		  ○ Clarification of definition of “upper” UTI
		  ○ Haematuria – specific criteria now apply
		  ○ Clarification of definition of vaginal discharge / itch
		  ○ Clarification of catheter use
		  ○ Pregnancy -now includes women who intend to become pregnant in the next 3 months.
		  ○ Clarification of definition and associated actions required for patients with renal or hepatic impairment.
		  ○ Clarification of definition of immunosuppression
		• Cautions/further advice
		  ○ Removal from exclusion, insertion into cautions/further advice with provision of additional information for patients over 65 years of age, with diabetes, symptoms lasting more than 7 days, breastfeeding
		• Advice to patient
		  ○ Update to information for patients
		• Action if patient is excluded
		  ○ Removal of requirement to record in Pharmacy Care Record (PCR)
		• Action if patient declines

Version	Date	Summary of changes
		○ Inclusion of link to NHS Inform for guidance on self-care ○ Removal of requirement to record in PCR • Specialist competencies or qualifications ○ Updated link to training module • Record/audit trail ○ Removal of requirement to record in PCR ○ Clarification that notification form should be sent to GP for patients being referred as well as those being treated by community pharmacy ○ Update to information on retention of records ○ Update to additional references
3.0	August 2025	Version 2.0 PGD transferred into new NHS PFS template. 1.1 Indication • Addition of text to give guidance on when not to prescribe. 1.2 Inclusion criteria: • Clarification of inclusion criteria when dipstick testing is unavailable or patient is 65 years of age or over (amended wording) 1.3 Exclusion criteria: • Removal of following to prevent duplication with inclusion criteria ○ Patient under 16 years of age • Update to wording on interactions to standardise with other PFS PGDs. 1.4 Cautions/ need for further advice section: • Moved guidance from inclusion criteria for considering a renal assessment prior to supplying nitrofurantoin. • Moved guidance from exclusion criteria for patient presenting who is systemically unwell. • Addition of further advice on dealing with patients with renal or hepatic impairment. 2.1 Name of medicine/strength/form • Addition of immediate release 50mg capsules 2.3 Dosage • Addition of immediate release 50mg capsules

Version	Date	Summary of changes
		2.4 Frequency • Addition of immediate release 50mg capsules 2.7 Quantity to supply • Addition of immediate release 50mg capsules 3.1 Warnings including possible adverse effects and the management of these • Addition of common side effects when taking nitrofurantoin 3.5 Follow up • Addition of standard wording for NHS PFS PGDs 6.0 References • Update to references weblinks 7.0 Individual authorisation form • Update to include both trimethoprim and nitrofurantoin on one form to reduce paperwork • Updated contact details for Health Boards

Patient Group Direction (PGD)

This PGD authorises community pharmacists to supply trimethoprim tablets to non-pregnant patients aged 16 years and over presenting with symptoms of acute uncomplicated urinary tract infection under NHS Pharmacy First Scotland.

Publication date: 14 August 2025

Version 3.0

NHS SCOTLAND

Most Recent Changes

Version	Date	Summary of changes
3.0	August 2025	Version 2.0 PGD transferred into new NHS PFS template. 1.1 Indication • Addition of text to give guidance on when not to prescribe. 1.2 Inclusion criteria: • Clarification of inclusion criteria when dipstick testing is unavailable or patient is 65 years of age or over (amended wording) 1.3 Exclusion criteria: • Removal of following to prevent duplication with inclusion criteria ○ Patient under 16 years of age • Update to wording on interactions to standardise with other PFS PGDs. 1.4 Cautions/ need for further advice section: • Moved guidance from exclusion criteria for patient presenting who is systemically unwell. • Addition of further advice on dealing with patients with renal or hepatic impairment. 3.5 Follow up • Addition of standard wording for NHS PFS PGDs 6.0 References • Update to references weblinks 7.0 Individual authorisation form • Update to include both trimethoprim and nitrofurantoin on one form to reduce paperwork • Updated contact details for Health Boards

Contents

Authorisation

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

PGD trimethoprim tablets

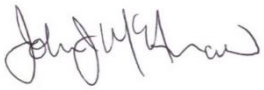
This specimen PGD template has been produced in collaboration with the Scottish Antimicrobial Prescribing Group and the Primary Care Community Pharmacy Group to assist NHS Boards in the uniform provision of services under 'NHS Pharmacy First Scotland' banner across NHS Scotland. NHS Boards should ensure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

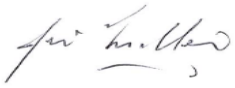
The community pharmacist who may supply trimethoprim tablets under this PGD can do so only as a named individual. It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with the General Pharmaceutical Council Standards for Pharmacy Professionals 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 must 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 

Approved on behalf of NHS……*insert Board*…… by:

Medical Director (Name / Signature) ……..

Director of Pharmacy/Senior Pharmacist (Name / Signature) ……

Clinical Governance Lead (Name / Signature) ……..

Date approved: ……

Effective from: *insert date*

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

Expiry date: 13 August 2028

1. Clinical situation

1.1. Indication

Treatment of acute uncomplicated urinary tract infection (UTI) in non-pregnant females aged 16 years and over.

SIGN guidance states lower urinary tract infections (LUTI) are commonly occurring and frequently self-limiting infections. Consider hydration and NSAIDs (if appropriate) as first-line treatment in women aged under 65 with suspected uncomplicated lower UTI who describe their symptoms as mild.

1.2. Inclusion criteria

Patients aged 16 years of age and over.

Assigned as female at birth and have not had any gender reassignment procedures.

Older women should be fit, ambulatory and self-caring.

If no dipstick testing is available, or patient is over 65 years of age, the patient must present with:

- **BOTH** dysuria and frequency

OR

- **THREE** or more of the following symptoms:
    - Dysuria
    - Frequency
    - Urgency
    - Suprapubic tenderness

Otherwise:

Diagnose a UTI in the presence of two or more urinary symptoms (dysuria, frequency, urgency, visible haematuria or nocturia) and a positive dipstick test result to nitrite.

NOTE: A positive dipstick test in women over 65 years of age is not an indication of UTI as asymptomatic bacteriuria is common in older women.

Valid consent to receiving treatment under this PGD has been obtained.

1.3. Exclusion criteria

Patients assigned male at birth.

Patients living in long term care facilities.

Hypersensitivity to trimethoprim, co-trimoxazole or any of the excipients within the tablets.

If **UPPER** urinary tract infection is more likely i.e. Flank pain radiating towards the groin, feeling systemically unwell (fever and chills, rigors, nausea, vomiting) as well as with other symptoms of lower UTI.

Patients over 45 years of age with unexplained visible haematuria without symptoms of UTI.

Visible haematuria which persists or recurs after successful treatment of UTI.

Unexplained non-visible haematuria if found on urine dipstick if no UTI symptoms present.

Patients over 40 years of age who present with recurrent UTI with any haematuria.

Risk of treatment failure due to one or more of the following:

- Received antibiotic treatment within the previous 1 month
- Two or more episodes of UTI in last 6 months

- Three or more episodes of UTI in last 12 months
- Taking antibiotic prophylaxis for recurrent UTI

Presence of new unexplained vaginal discharge or itch suggestive or other pathology.

Confused

Patient utilises urethral or suprapubic catheters (either indwelling or intermittently)

Known abnormality of the urinary tract.

Known or suspected pregnancy (including those intending to become pregnant within the next 3 months).

Known moderate to severe renal impairment.

Known haematological abnormalities, porphyria / known folate deficiency which has not been corrected.

Known severe liver fibrosis / encephalopathy.

Known hyperkalaemia, megaloblastic anaemia, galactose intolerance, the LAPP lactose deficiency or glucose-galactose malabsorption.

Current immunosuppression e.g. chemotherapy, long-term oral corticosteroids, other immunosuppressant therapies.

Concomitant use of interacting medicines - See current BNF and SPC for full risk of possible interactions. If clinically significant interactions are identified, then patients should be referred to GP/OOH for consideration of an alternative treatment.

Individuals for whom no valid consent has been received.

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

Caution should be used in:

- Patients where there is any doubt of inclusion / exclusion criteria being met.
- Patients presenting with flank pain radiating towards the groin, feeling systemically unwell (fever and chills, rigors, nausea, vomiting) as well as with other symptoms of lower UTI should be referred to GP / Out of hours.
- Patients over 65 years of age
    - Manage suspected UTI in ambulant women aged 65 years and over who are able to look after themselves independently with no co-morbidities as in those under 65 years, taking into account the increasing background incidence of asymptomatic bacteriuria.
- Diabetes
    - Patient with known diabetes is not excluded from treatment in community pharmacy. If concerned about recurrent UTIs or that this may be a side effect of medication e.g. SGLT2 inhibitors, consider signposting to GP practice for follow-up.
- Symptoms of UTI lasting longer than 7 days
    - Prolonged symptoms suggestive of a UTI may be considered for treatment, but clinical judgement may be required regarding onward referral.
- Breastfeeding
    - Patients who are breastfeeding and displaying symptoms of UTI can be considered for treatment in community pharmacy.
    - As a rule, if a medication is licensed for use in paediatrics (neonatal age onwards), then it should be safe for use in breastfeeding as the dose the infant/child receives via the breastmilk will be significantly less than therapeutic doses.
    - National Institute for Health and Care Excellence. British National Formulary for Children. Available at **Trimethoprim | Drugs | BNFC |**

NICE (Accessed 11 October 2024). Trimethoprim is licensed for use in the neonatal period onwards.

- UK Drugs in Lactation Service states the following:
  - Trimethoprim can be used with caution
  - Limited published evidence of safety, small amounts in breastmilk, for short term use only due to risk of folate deficiency, monitor infant for gastro-intestinal disturbances and oral candida infection, especially if used in high doses, although these effects are unlikely to occur.
  - **Advising on medicines during breastfeeding – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice** (accessed 13 August 2025)

- Renal impairment:
  - Patients with no known renal impairment can be treated without the requirement to independently check levels of impairment. Determination of "no known renal impairment" can be made by asking patient if GP has advised that they have some degree of renal/kidney function impairment, or if they have ongoing reviews with a renal doctor.
  - If there are any patient factors which could indicate an increased risk of renal impairment (e.g., current medication, relevant co-morbidities or age), treatment can be considered in community pharmacy if relevant patient records/blood results can be independently checked e.g., using Clinical Portal. If this is not possible, the patient should be referred to GP/OOH).
- Hepatic impairment
  - Patients with no known hepatic impairment can be treated without the requirement to independently check levels of impairment. Determination of "no known hepatic impairment" can be made by asking patient if GP has advised that they have some degree of hepatic/liver function impairment, or if they have ongoing reviews with a hepatic doctor.

- If there are any patient factors which could indicate an increased risk of hepatic impairment (e.g., current medication, relevant co-morbidities or age), treatment can be considered in community pharmacy if relevant patient records/blood results can be independently checked e.g., using Clinical Portal. If this is not possible, the patient should be referred to GP/OOH).

1.5. Action if excluded

Refer to GP Practice / Out-of-hours (OOH) service and document reason for exclusion and any action taken in Patient Medication Record (PMR).

1.6. Action if patient declines

If patient declines treatment: advise on self-care to relieve symptoms and advise to see their GP practice if symptoms fail to resolve within three days or if symptoms worsen.

Patients can be directed to NHS Inform for guidance on self-care at: **Urinary tract infection (UTI) | NHS inform** (accessed 13 August 2025)

Ensure patient is aware of risks and consequences of declining treatment.

Document the reason for declining treatment and advice given in PMR.

2. Description of treatment

2.1. Name of medicine/form/strength

Trimethoprim 200 mg (or 2 x 100 mg) tablet

2.2. Route of administration

Oral

2.3. Dosage

200 mg

2.4. Frequency

TWICE daily at 12 hourly intervals.

2.5. Duration of treatment

3 days

2.6. Maximum or minimum treatment period

One treatment cycle of 3 days

2.7. Quantity to supply

6 x 200 mg tablets or 12 x 100 mg tablets

2.8. ▼ black triangle medicines

No

2.9. Legal category

Prescription Only Medicine (POM).

In accordance with the MHRA all medicines **supplied** under a PGD **must** either be from over-labelled stock or be labelled appropriately in accordance with the regulatory body guidelines for the labelling of medicines for the professional providing the supply.

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.

If a patient experiences any side effects that are intolerable or hypersensitivity reactions occur, the medication should be discontinued.

The most frequent adverse effects at usual dose are pruritis and skin rash (in about 3 to 7% of patients). These effects are usually mild and quickly reversible on withdrawal of the drug.

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 severe adverse reaction e.g., swelling of eyes, face, lips or throat, shortness of breath or wheezing, developing of rash, or feeling faint, individuals should be advised to seek medical advice immediately.

Pharmacists should check patient medication history for clinically significant interactions using appropriate reference sources e.g., BNF, Stockley.

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:

- Provide manufacturer's consumer information leaflet/patient information leaflet (PIL) and information on UTI/cystitis (**TARGET TYI-UTI leaflet V23.5.pdf (rcgp.org.uk)** (Accessed 13 August 2025)

Verbal advice to be given to individuals/parent/carer:

- Advise about the importance of adequate hydration in relieving symptoms – offensive smelling or cloudy urine may be suggestive of dehydration.
- Increasing fluid intake to around 2.5L per day (6-8 mugs containing approximately 350ml) is thought to reduce UTI by dilution and flushing of bacteriuria. (No evidence has been identified for benefit, increasing fluid intake with water in women with urinary symptoms is a low-cost intervention without evidence of harm that may provide symptomatic relief).
- Advise the individual on mode of action, risks and benefits of the medicine, possible side effects and their management.
- This medicine should be taken regularly until the course is completed.
- Ensure the patient has access to appropriate analgesia for symptomatic relief of dysuric pain e.g. paracetamol or ibuprofen.
- Advise on self-care – maintaining a good fluid intake, wear loose fitting underwear / clothing, wear cotton underwear and avoid use of vaginal deodorants.

- Advise on ways to prevent reinfection – avoid double voiding, voiding after sexual intercourse.
- If using combined oral contraception, no additional contraceptive precautions are required unless vomiting or diarrhoea occur.
- Ensure the patient is aware that if symptoms worsen, they experience significant flank pain, become systemically unwell, or develop a temperature then they should seek further medical advice **that day** from their GP practice or Out of hours (OOH).
- If symptoms have not resolved after 3 days, if symptoms return or drug side effects are severe, seek further medical advice.
- If haematuria persists or returns after successful treatment, seek further medical advice for follow up.
- Advise that the patient's GP will be notified of the supply of antibiotics by the next working day, but should they need to seek further advice from Out of hours, the patient should make staff aware of their trimethoprim treatment.
- Inform the individual 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

Advise patient to seek further medical advice if symptoms worsen, or there is ongoing concern following the completion of treatment course.

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 a working telephone
- 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 or alcohol hand gel
- Access to current BNF (online version preferred)
    - BNF British National Formulary - NICE
    - BNF for Children British National Formulary - NICE
- Access to SmPC/PIL/Risk Minimisation Material:
    - Home - electronic medicines compendium (emc)
    - MHRA Products | Home
    - RMM Directory - (emc)
- Access to copy of current version of this PGD

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 must 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 trimethoprim medicine and alert to changes in the manufacturer's product information/summary of product information.
- Have successfully complete the NES Pharmacy e-learning module:

  https://learn.nes.nhs.scot/33556/pharmacy/cpd-resources/urinary-tract-infections-utis-for-nhs-pharmacy-first-scotland
- Be able to assess the person's/ parent's/ carer's capacity to understand the nature of the purpose of the medication in order to give or refuse consent.
- Be familiar with local Health Board treatment recommendations.

4.3. Continuing education and training

All practitioners operating under this PGD are responsible for:

- Maintaining their skills, knowledge, and their own professional level of competence in this area according to the General Pharmaceutical Council Standards for Pharmacy Professionals
- Ensuring they remain up to date with the use of medications included and be aware of local treatment recommendations.
- Attending 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 can be authorised to supply the medicine specified in this PGD when they have completed local Board requirements for service registration.

Pharmacists should complete the individual authorisation form contained in the PGD (Appendix 1) and submit to the relevant NHS Health Board prior to using the PGD via the preferred channel of that Board (may be email or completion of Microsoft Form).

5.2. Record of supply

All records must be clear, legible, contemporaneous and in an easily retrievable format to allow audit of practice.

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/person with parental responsibility 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 trimethoprim tablets, 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 your 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 30th June 2025)

6. Additional references

Practitioners operating the PGD must be familiar with:

1. Health Improvement Scotland. *SIGN 160: Management of suspected bacterial lower urinary tract infection in adult women. A national clinical guideline*. September 2020. Available at: **sign-160-uti-0-1_web-version.pdf** (accessed 13 August 2025)

2. Health Improvement Scotland: Scottish Antimicrobial Prescribing Group. Urinary Tract Infections. Available at: **Urinary tract infections (UTIs) (sapg.scot)** (Accessed 13 August 2025).

3. Public Health England. Diagnosis of urinary tract infections. July 2025. Available at: **Diagnosis of urinary tract infections: quick reference tools for primary care - GOV.UK** (Accessed 13 August 2025)

4. Royal College of General Practitioners. TARGET Urinary tract infection resource suite. Available at: **Urinary tract infection resource suite: Patient facing materials | RCGP Learning** (Accessed 13 August 2025)

5. Health Protection Scotland. Scottish Urinary Tract Infection Network. Available at: **The Scottish Urinary Tract Infection Programme (SUTIN) | National Services Scotland (nhs.scot)** (Accessed 13 August 2025).

6. Faculty of Sexual and Reproductive Health. Clinical guidance: Drug Interactions with Hormonal Contraception. May 2022. Available at: **Clinical Guidance: Drug Interactions with Hormonal Contraception (fsrh.org)** (Accessed on 13 August 2025)

7. Current edition of British National Formulary (BNF) **BNF British National Formulary - NICE,** and BNF for children **BNF for Children British National Formulary - NICE**

7. Individual authorisation (Appendix 1)

Form will be issued from individual Health Boards who still require a signed authorisation form once PGD is signed off locally.

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, 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 Services, Forth Valley Royal Hospital, Stirling Road, Larbert, FK5 4WR **fv.communitypharmacysupport@nhs.scot**	Please email or post
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	Community Pharmacy 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	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	March 2020	Original national PGD produced

2.0	August 2022	• Addition of covering statement regarding validity of PGD when approaching date for review of content.
		• Indication
		  ○ Removal of upper age limit
		• Inclusion criteria
		  ○ Clarification that “older women should be fit, ambulatory and self-caring” and that “a positive dip stick in women over 65 years of age is not an indication of UTI as asymptomatic bacteriuria is common in older women.”
		  ○ Inclusion of visible haematuria in list of symptoms when testing urine with dipstick.
		• Exclusion criteria
		  ○ Upper age limit removed
		  ○ Clarification that patients living in long term care facilities are excluded
		  ○ Clarification of definition of “upper” UTI
		  ○ Haematuria – specific criteria now apply
		  ○ Clarification of definition of vaginal discharge / itch
		  ○ Clarification of catheter use
		  ○ Pregnancy -now includes women who intend to become pregnant in the next 3 months.
		  ○ Clarification of definition and associated actions required for patients with renal or hepatic impairment.
		  ○ Clarification of definition of immunosuppression
		• Cautions/further advice
		  ○ Removal from exclusion, insertion into cautions/further advice with provision of additional information for patients over 65 years of age, with diabetes, symptoms lasting more than 7 days, breastfeeding
		• Advice to patient
		  ○ Update to information for patients
		• Action if patient is excluded
		  ○ Removal of requirement to record in Pharmacy Care Record (PCR)
		• Action if patient declines
		  ○ Inclusion of link to NHS Inform for guidance on self-care

Version	Date	Summary of changes
		○ Removal of requirement to record in PCR • Specialist competencies or qualifications ○ Updated link to training module • Record/audit trail ○ Removal of requirement to record in PCR ○ Clarification that notification form should be sent to GP for patients being referred as well as those being treated by community pharmacy ○ Update to information on retention of records ○ Update to additional references
3.0	August 2025	Version 2.0 PGD transferred into new NHS PFS template. 1.1 Indication • Addition of text to give guidance on when not to prescribe. 1.2 Inclusion criteria: • Clarification of inclusion criteria when dipstick testing is unavailable or patient is 65 years of age or over (amended wording) 1.3 Exclusion criteria: • Removal of following to prevent duplication with inclusion criteria ○ Patient under 16 years of age • Update to wording on interactions to standardise with other PFS PGDs. 1.4 Cautions/ need for further advice section: • Moved guidance from exclusion criteria for patient presenting who is systemically unwell. • Addition of further advice on dealing with patients with renal or hepatic impairment. 3.5 Follow up • Addition of standard wording for NHS PFS PGDs 6.0 References • Update to references weblinks 7.0 Individual authorisation form • Update to include both trimethoprim and nitrofurantoin on one form to reduce paperwork • Updated contact details for Health Boards

Patient Group Directions for the treatment of acute uncomplicated urinary tract infection (UTI) in non-pregnant female patients over 16 years of age

Patient assessment form

Patient Name & address:	Click or tap here to enter text.	**Date of Birth /CHI:**	Click or tap here to enter text.
Date of assessment:	Click or tap to enter a date.	**Patient is aware that GP will informed:**	Yes ☐ No ☐

Patient clinical picture and related appropriate actions

Symptom assessment	Yes	No	Actions
Symptom of dysuria (pain or burning when passing urine)	☐	☐	Consider treatment if **BOTH** dysuria and frequency **OR three or more** of the following symptoms are present: • Dysuria • Frequency • Urgency • Suprapubic tenderness Support the diagnostic process with dipstick testing if available
Symptom of frequency (needing to pass urine more often than usual	☐	☐	
Symptom of urgency (little warning of the need to pass urine)	☐	☐	
Symptom of suprapubic tenderness (pain/tenderness in lower abdomen)	☐	☐	
Frank haematuria (blood in urine)	☐	☐	If unexplained or specific exclusion criteria apply – do not treat and **REFER** to GP/OOH If likely to be related to UTI – treatment may be provided
Vaginal discharge or irritation	☐	☐	If new/unexplained – do not treat and **REFER** for STI assessment
Clinical features	**Yes**	**No**	**Actions**
Do symptoms suggest **upper** UTI (these may include loin pain, fever ≥ 38°C, rigors or systemically very unwell)?	☐	☐	If YES, do not treat and **REFER** urgently (same day) due to risk of upper UTI or sepsis
Duration of symptoms > 7 days?	☐	☐	If YES, treatment may be provided Ensure GP is notified that follow up may be required
Has the patient had a UTI requiring an antibiotic within the last month?	☐	☒	If YES, do not treat and **REFER** due to risk of resistant organisms

Does the patient have recurrent UTI? (≥2 episodes in last 6 months or ≥ 3 episodes in last 12 months?	☐	☐	If YES, do not treat and **REFER** due to need for urine culture
Does patient take prophylactic antibiotics for treatment of UTI?	☐	☐	If YES, do not treat and **REFER**
Urinary catheter in situ or use of intermittent self-catheterisation?	☐	☐	If YES, do not treat and **REFER**
Is the patient currently immunosuppressed? E.g. auto-immune disease, chemotherapy, long term corticosteroids or other immunosuppressant medication?	☐	☐	If YES, do not treat and **REFER**
Pregnant – known or suspected? Planning to become pregnant in next 3 months if treating with trimethoprim?	☐	☐	If YES, do not treat and **REFER**
Breastfeeding?	☐	☐	If YES, treatment may be provided
Diabetes?	☐	☐	If YES, treatment may be provided. Refer to GP if concern over recurrent UTI or if UTI is potentially caused by side effect of medication
Confused or dehydrated?	☐	☐	If YES, do not treat and **REFER**
Known moderate to severe renal impairment or abnormality of the urinary tract or ureteric stent?	☐	☐	If YES, do not treat and **REFER**
Is the patient on any interacting medications (e.g. warfarin/trimethoprim). See current BNF/SPC for details	☐	☐	If YES, do not treat and **REFER**
Known haematological abnormalities, porphyria, folate deficiency which is uncorrected, glucose-6-phosphate deficiency?	☐	☐	If YES, do not treat and **REFER**
Known electrolyte imbalance?	☐	☐	If YES, do not treat and **REFER**
Known severe liver fibrosis / encephalopathy?	☐	☐	If YES, do not treat and **REFER**
Patient has known blood disorders such as leucopenia, megaloblastic anaemia, thrombocytopenia, agranulocytosis, or methaemoglobinaemia?	☐	☐	If YES, do not treat and **REFER**

Treatment options

Follow NHS board's first line formulary choice – this is trimethoprim in most boards.
Ideally nitrofurantoin should only be used if you have access to information about current renal function. However, if no recent eGFR is available but the patient has no history of renal problems, nitrofurantoin may be used (See Appendix 1).

Clinical features affecting therapeutic choice	Trimethoprim	Nitrofurantoin
Clinically significant drug interactions with existing medication	AVOID if significant interaction exists with current medication	
Known interstitial lung disease or poorly controlled respiratory disease	SUITABLE	AVOID due to difficulty in recognising pulmonary fibrosis secondary to nitrofurantoin
Current use of alkalinising agents	SUITABLE	AVOID or advise to stop alkalinising agent
Allergy or adverse effect to trimethoprim	AVOID	SUITABLE
Allergy or adverse effect to nitrofurantoin	SUITABLE	AVOID

Preparation options and supply method

Medicine and strength	Regimen - Health Board specific	Supply method
Nitrofurantoin 50 mg capsules	ONE capsule FOUR times daily x 12	PGD via UCF
Nitrofurantoin 50 mg tablets	ONE tablet FOUR times daily x 12	
Nitrofurantoin MR 100 mg capsules	ONE capsule TWICE daily x 6	
Trimethoprim 100 mg tablets	TWO tablets TWICE daily x 12	
Trimethoprim 200 mg tablets	ONE tablet TWICE daily x 6	
Symptomatic management only	Appropriate analgesia	UCF or OTC or existing supply

Advice	Provided (tick as appropriate)
How to take medication, possible side effects and their management.	☐
Expected duration of symptoms - to seek medical assistance if symptoms worsen or are not resolving within 3 days	☐
Nitrofurantoin only • Stop taking immediately and seek medical assistance if symptoms of pulmonary reaction develop (e.g. cough, dyspnoea, fever, chills) • Avoid alkalinising agents as this reduces the antibacterial activity • Avoid concomitant administration with magnesium trisilicate (reduces absorption) • May colour urine brown/yellow – this is harmless	☐
Ensure adequate fluid intake (approx. 2.5L per day but avoid very large amounts due to risk of inadequate bladder contact with antibiotic) – should result in pale, straw coloured urine.	☐

Advice	**Provided** (tick as appropriate)
Symptomatic (use of analgesia)	☐
If patient has haematuria – seek medical assistance if haematuria persists or returns after successful treatment of UTI	☐
Prevention of UTI - Hygiene / toilet habits • Do not 'hold on' – go to the toilet when you need to • Avoid double voiding • Voiding after sexual intercourse • Wipe from front to back • Wear loose fitting underwear/clothing • Wear cotton underwear • Avoid use of vaginal deodorants	☐
Patient information leaflet relating to medication is given to patient	☐

Communication

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

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.

Patient Group Direction for the treatment of acute Urinary Tract Infection (UTI) in patients over 16 years

Notification of assessment and supply from community pharmacy

CONFIDENTIAL WHEN COMPLETED

GP name	Click or tap here to enter text.
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 UTI:	
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.

Pharmacy Stamp
Pharmacist name Click or tap here to enter text.
GPhC number Click or tap here to enter text.
Date Click or tap to enter a date.

Following assessment (Tick as appropriate)

Presenting symptoms							
Dysuria ☐		Urgency ☐		Haematuria ☐			
Frequency ☐		Polyuria ☐		Suprapubic tenderness ☐			
Urine dipstick results (optional)							
Nitrite '+'ve ☐		Leucocyte '+'ve ☐		Blood '+'ve ☐		Not taken ☐	
Your patient has been given a 3 day course of:	Trimethoprim 200 mg tablets			☐			
	Nitrofurantoin 100 mg MR capsules			☐			
	Nitrofurantoin 50 mg capsules			☐			
	Nitrofurantoin 50 mg tablets			☐			
Your patient is unsuitable for treatment via PGD for the following reasons and has been referred: Click or tap here to enter text.				☐			
Follow up by GP practice required for the following reasons: Click or tap here to enter text.				☐			

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.	Consent received ☐

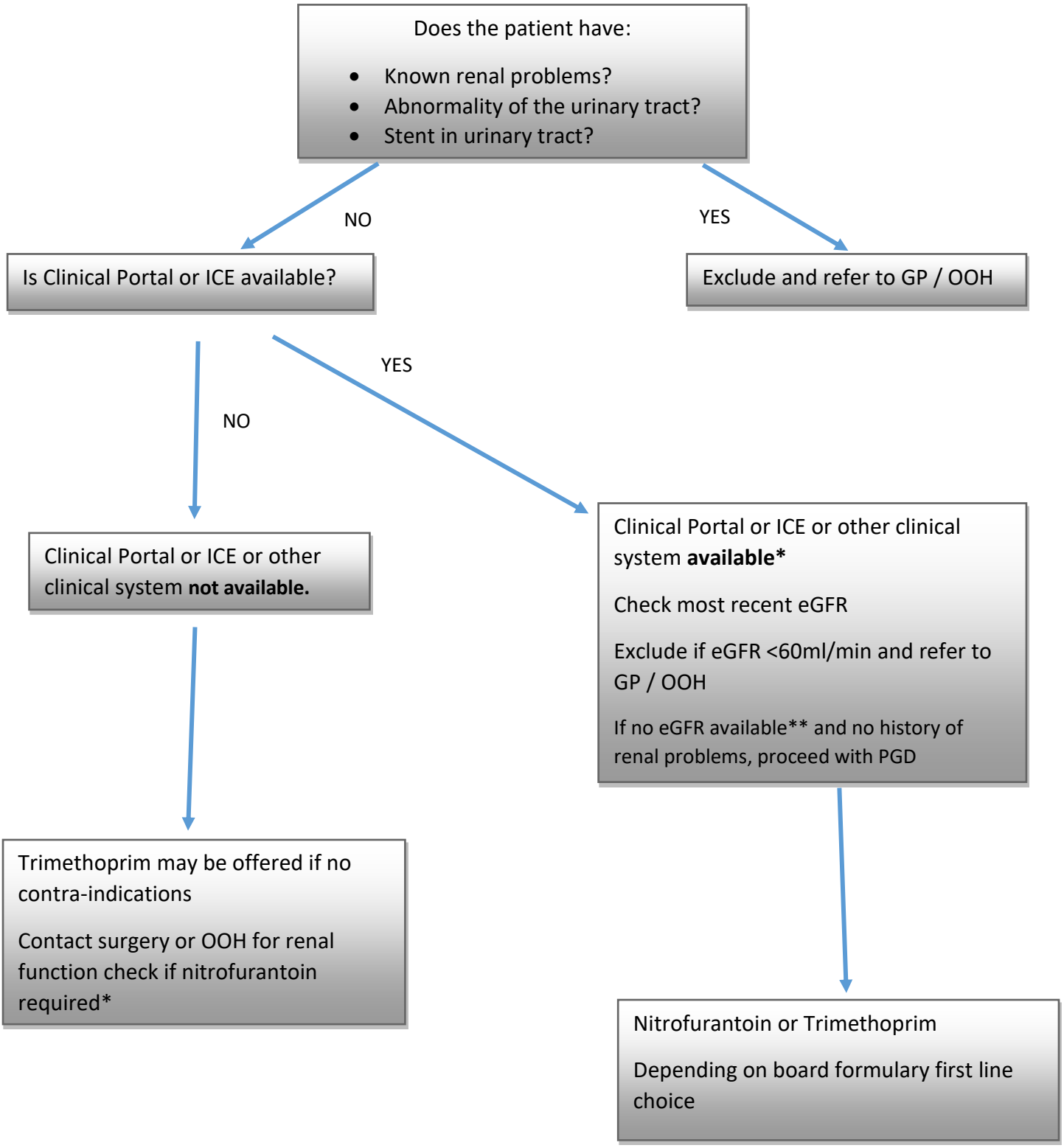
This form should now be sent to the patient's GP and a copy retained in the pharmacy.

Appendix 1.

For boards using nitrofurantoin, a renal function assessment is required.

*eGFR must be >60ml/min for use of the nitrofurantoin PGD

**If eGFR is not available on Clinical Portal or ICE or other clinical system available because such a test appears never to have been performed, it can be assumed there has been no history or suspicion of renal problems and supply can be made if clinically appropriate.



Patient Group Direction (PGD)

This PGD authorises community pharmacists to supply fusidic acid 2% cream to children and adults presenting with symptoms of impetigo under NHS Pharmacy First Scotland.

Publication date: 14 August 2025

Version 3.0

NHS SCOTLAND

Most Recent Changes

Version	Date	Summary of changes

3.0	August 2025	Version 2.0 PGD transferred into new NHS PFS template.
		• 1.1 Indication
		  ○ Moved paragraph on NICE guidance re hydrogen peroxide 1% as first line treatment from front cover to 'indication paragraph'.
		• 2.3 Dosage
		  ○ Changed from "gently" to "thin layer" to give clearer guidance on how much to apply.
		• 6.0 References
		  ○ Update to references for further reading.

Contents

Authorisation

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

PGD fusidic acid 2% cream

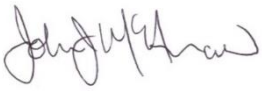
This specimen PGD template has been produced in collaboration with the Scottish Antimicrobial Prescribing Group and the Primary Care Community Pharmacy Group to assist NHS Boards in the uniform provision of services under 'NHS Pharmacy First Scotland' banner across NHS Scotland. NHS Boards should ensure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

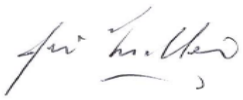
The community pharmacist who may supply fusidic acid 2% cream under this PGD can do so only as a named individual. It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with the General Pharmaceutical Council Standards for Pharmacy Professionals 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 must 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 

Approved on behalf of NHS……*insert Board*…… by:

Medical Director (Name / Signature) ……..
Director of Pharmacy/Senior Pharmacist (Name / Signature) ……
Clinical Governance Lead (Name / Signature) ……..
Date approved: ……

Effective from: *insert date*

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

Expiry date: 13 August 2028

1. Clinical situation

1.1. Indication

Treatment of minor staphylococcal skin infections (impetigo).

NICE Guidelines 153 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 Pharmacy First Scotland Approved List.

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

1.2. Inclusion criteria

Adults and children with minor / localised, uncomplicated skin infection.

The rash consists initially of vesicles with an erythematous base which easily rupture and are seldom observed. The exudate dries to form yellow-gold or yellow-brown crust which gradually thickens.

Patient must be present at the consultation.

Valid consent to receiving treatment under this PGD has been obtained.

1.3. Exclusion criteria

Widespread infection.

History of MRSA colonisation or infection.

Patient has had impetigo treated with an antibiotic (including fusidic acid 2% cream) within the last 3 months.

Patient is systemically unwell.

Hypersensitivity to fusidic acid or any of the excipients within the cream.

Patient has an underlying skin condition on the same area of the body as the impetigo.

Individuals for whom no valid consent has been received.

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

Caution should be used in:

- Lesions present near the eye – care should be taken when applying cream near to the eye.
- Patients under one year of age – in some cases, impetigo management may require oral (or intravenous) antibiotics, especially in neonates. These children may need clinical review therefore appropriate safety-netting is essential e.g. if not improving, see GP.

1.5. Action if excluded

Refer to GP Practice / Out-of-hours (OOH) service and document reason for exclusion and any action taken in Patient Medication Record (PMR).

1.6. Action if patient declines

Advise on self-care to relieve symptoms and advise to see their GP practice if symptoms fail to resolve within five days or if symptoms worsen.

Advise patient to contact NHS 24 if becoming systemically unwell or rapidly spreading to large areas of the body during OOH period.

Ensure patient is aware of risks and consequences of declining treatment.

Document the reason for declining treatment and advice given in PMR.

2. Description of treatment

2.1. Name of medicine/form/strength

Fusidic acid 2% cream

2.2. Route of administration

Topical

2.3. Dosage

Thin layer to affected area.

2.4. Frequency

THREE or FOUR times daily

2.5. Duration of treatment

5 days

2.6. Maximum or minimum treatment period

Use for a maximum of 5 days. Maximum of one supply in three months.

2.7. Quantity to supply

1 x 15 g

2.8. ▼ black triangle medicines

No

2.9. Legal category

Prescription Only Medicine (POM).

In accordance with the MHRA all medicines **supplied** under a PGD **must** either be from over-labelled stock or be labelled appropriately in accordance with the regulatory body guidelines for the labelling of medicines for the professional providing the supply.

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.

Side effects with this product are rare, however hypersensitivity reactions may occur. If a patient experiences any side effects that are intolerable or hypersensitivity reactions occur, the medication should be discontinued.

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 severe adverse reaction e.g., swelling of eyes, face, lips or throat, shortness of breath or wheezing, developing of rash, or feeling faint, individuals should be advised to seek medical advice immediately.

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:

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

Verbal advice to be given to individuals/parent/carer:

- 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. It is 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 day on school days (before school, after school and evening) and four times daily at other times.
- Do not share cream with anyone else.
- Inform the individual 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

Advise patient to seek further medical advice if the skin infection spreads or there is no improvement after 5 days. If the patient becomes systemically unwell or rapidly spreading to large areas of the body during OOH period, seek medical advice from NHS 24.

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 a working telephone
- 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 or alcohol hand gel
- Access to current BNF (online version preferred)
    - BNF British National Formulary - NICE
    - BNF for Children British National Formulary - NICE
- Access to SmPC/PIL/Risk Minimisation Material:
    - Home - electronic medicines compendium (emc)
    - MHRA Products | Home
    - RMM Directory - (emc)
- Access to copy of current version of this PGD

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 must 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 fusidic acid cream and alert to changes in the manufacturer's product information/summary of product information.
- Have successfully complete the NES Pharmacy e-learning module:

  https://learn.nes.nhs.scot/34440/pharmacy/cpd-resources/impetigo-for-nhs-pharmacy-first-scotland

- Be able to assess the person's/ parent's/ carer's capacity 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 this PGD are responsible for:

- Maintaining their skills, knowledge, and their own professional level of competence in this area according to the General Pharmaceutical Council Standards for Pharmacy Professionals
- Ensuring they remain up to date with the use of medications included and be aware of local treatment recommendations.
- Attending 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 can be authorised to supply the medicine specified in this PGD when they have completed local Board requirements for service registration.

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

5.2. Record of supply

All records must be clear, legible, contemporaneous and in an easily retrievable format to allow audit of practice.

A Universal Claim Framework (UCF) record of the screening and subsequent supply where appropriate, 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/person with parental responsibility 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 fusidic acid 2% cream 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 your 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 13th August 2025)

6. Additional references

Practitioners operating the PGD must be familiar with:

1. National Institute for Health and Care Excellence. Guideline 153 Impetigo: antimicrobial prescribing. February 2020. Available at **Impetigo: antimicrobial prescribing (nice.org.uk)** (Accessed 13 August 2025)

2. National Institute for Health and Care Excellence (NICE). Clinical Knowledge Summaries (CKS). Impetigo. Last revised July 2024. Available at: **Impetigo | Health topics A to Z | CKS | NICE** (Accessed 13 August 2025)

3. Marketing authorisation holder's Summary of Product Characteristics. Electronic Medicines Compendium. **Fusidic acid 20mg/g cream - Summary of Product Characteristics (SmPC) - (emc) | 3364** (Accessed 13 August 2025)

4. Current edition of British National Formulary (BNF) **BNF British National Formulary - NICE,** and BNF for children **BNF for Children British National Formulary - NICE**

7. Individual authorisation (Appendix 1)

Form will be issued from individual Health Boards who still require a signed authorisation form once PGD is signed off locally.

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, 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 Services, Forth Valley Royal Hospital, Stirling Road, Larbert, FK5 4WR **fv.communitypharmacysupport@nhs.scot**	Please email or post
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	Community Pharmacy 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	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	March 2020	Original national PGD produced
2.0	August 2022	• 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 to criteria to clarify symptoms of impetigo. • Amendment of exclusion criteria from multiple sites 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.

3.0	August 2025	Version 2.0 PGD transferred into new NHS PFS template.
		• 1.1 Indication
		  ○ Moved paragraph on NICE guidance re hydrogen peroxide 1% as first line treatment from front cover to 'indication paragraph'.
		• 2.3 Dosage
		  ○ Changed from "gently" to "thin layer" to give clearer guidance on how much to apply.
		• 6.0 References
		  ○ Update to references for further reading.

Patient Group Direction for the treatment of adults and children presenting with symptoms of impetigo

Patient assessment form

Patient Name and address:	Click or tap here to enter text.	**Date of Birth /CHI:**	Click or tap here to enter text.
Date of assessment:	Click or tap to enter a date.	**Patient consents to GP being informed:**	Yes ☐ No ☐

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).	☐	☐	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?	☐	☐	If NO, consider recommending this as first step of treatment. If YES, may be suitable to receive Fusidic acid under PGD.
Widespread skin infection?	☐	☐	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?	☐	☐	If YES, REFER to GP.
Had impetigo treated with any form of antibiotics within the last 3 months?	☐	☐	If YES, REFER to GP.
Patient systemically unwell?	☐	☐	If YES, REFER to GP or OOH if appropriate.
Known allergy to any component of the cream?	☐	☐	If YES, REFER to GP.
Presenting with any underlying skin condition on the same area of the body as impetigo?	☐	☐	If YES, REFER to GP.

Preparation options and supply method

Medicine and strength	Regimen - Health Board specific	Supply method
Fusidic acid 2% cream (1 x 15 g)	Apply thinly 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	☐
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	☐
Suggest applying creams 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	☐
If infection spreads or there is no improvement after 5 days, seek medical advice from GP	☐
If patient becomes systemically unwell or infection is rapidly spreading to large areas of body during OOH period, seek medical advice from NHS 24.	☐
Do not share cream with anyone else	☐
Do not apply to breast if patient is breastfeeding	☐
Inform patient of possible side effects of medication and their management	☐
Provide patient information leaflet	☐

Communication

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

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.

Patient Group Direction for the treatment of adults and children presenting with symptoms of impetigo

Notification of assessment and 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.
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.

Pharmacy Stamp
Pharmacist name Click or tap here to enter text.
GPhC number Click or tap here to enter text.
Date Click or tap to enter a date.

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)	☐
Treatment	
Your patient has been supplied with 1 x 15 g Fusidic acid cream. (Apply thinly to affected area THREE or FOUR times daily for 5 days)	☐
Your patient is unsuitable for treatment via PGD for the following reasons and has been referred: Click or tap here to enter text.	☐

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.	Consent received ☐

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