

This Patient Group Direction (PGD) must only be used by registered pharmacists who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

Patient Group Direction

for the supply of

Hydrocortisone 1% cream

For adults and children of 1 year and older

by registered pharmacists for the

Treatment of mild skin conditions

under the Liverpool Clinical Commissioning Group Pharmacy First
Service

Version number: 1.0




Change history

Version number	Change details	Date
1.0	Original document developed with the Liverpool Medicines Optimisation Group (MOC)	November 2021
	Reviewed by LMC and approved by Clinical Effectiveness Committee	December 2021

PGD development

Name	Job title and organisation
Lead author	Peter Johnstone Head of Medicines Optimisation Liverpool CCG
Lead doctor	Dr Fiona Ogden-Forde Clinical lead for Prescribing Liverpool CCG
Lead pharmacist	Peter Johnstone Head of Medicines Optimisation Liverpool CCG
Representative of other professional group using PGD	Matt Harvey Pharmacist Chief Officer of Community Pharmacy Liverpool
Other members of the PGD working group: Members of Liverpool Medicines Optimisation Committee (date)	

PGD authorisation

Name	Job title and organisation	Signature	Date
Senior doctor	Dr Fiona Ogden-Forde Clinical lead for Prescribing Liverpool CCG		December 2021
Senior pharmacist	Peter Johnstone Head of Medicines Optimisation Liverpool CCG		December 2021
Person signing of behalf of CCG	Jane Lunt Head of Quality / Chief Nurse Liverpool CCG		December 2021

PGD adoption by the provider

Name	Job title and organisation	Signature	Date
Signatures to be determined locally, if relevant			

Training and competency of registered pharmacist

	Requirements of registered pharmacists working under the PGD
Qualifications and professional registration	Qualified pharmacist registered with the General Pharmaceutical Council (GPhC)
Initial training	Competent to work under Patient Group Directions, including satisfactory completion of training to administer/supply in accordance with this Patient Group Direction.
Competency assessment	CPPE Declaration of Competence Documents (DoCs)
Ongoing training and competency	Commitment to continuing updating and re-validation according to the accreditation requirements of the commissioning organization. Commitment to keep up-to-date with clinical developments in this area or changes to the recommendations for the medicine listed, as part of their Continual Professional Development.

Clinical condition

Clinical condition or situation to which this PGD applies	Mild inflammatory skin conditions
Inclusion criteria	<p>Adults and children aged 10 years or over for use on the face (use on other areas should be purchased over the counter) presenting with acute dermatitis, mild eczema or insect bite reactions.</p> <p>Children aged 1 to 9 years presenting with acute dermatitis or mild eczema (including on the face) or insect bite reactions.</p>
Exclusion criteria	<ul style="list-style-type: none"> • Children under 1 year of age. • Skin lesions caused by bacterial, fungal or viral skin infections for example cold sores, impetigo, chickenpox, acne, athletes foot or ringworm. • Infected eczema (including cellulitis, weeping, rapidly worsening rash, fever) • Allergy to any component of the cream or ointment. • Patients who have suffered any trauma to the area for example scratch, graze or bite (human or animal). • Patients who have already tried topical corticosteroid unsuccessfully. • Application to the ano-genital region. • Pregnancy. • Psoriasis. • Rosaeca. • Acne. • Perioral dermatitis.
Cautions (including any relevant action to be taken)	<ul style="list-style-type: none"> • Refer to Summary of Product Characteristics http://www.medicines.org.uk/emc/ <p>As with all corticosteroids, prolonged application to the face is undesirable</p> <p>There is no evidence against use in lactating women. However, caution should be exercised when hydrocortisone cream is administered to nursing mothers. In this event, the product should not be applied to the chest area.</p>
Arrangements for referral for medical advice	<ul style="list-style-type: none"> • Advise patient to refer to their GP practice, if symptoms persist or there is no improvement following completion of the treatment or if condition worsens
Action to be taken if patient excluded	<ul style="list-style-type: none"> • Record reasons for exclusion and any action(s) taken. • Advise patient on alternative treatment.

	<ul style="list-style-type: none"> • Refer to a prescriber if appropriate (for example. GP or NHS111 or out of hours (OOH) services). • Give safety-netting advice.
Action to be taken if carer declines treatment	<ul style="list-style-type: none"> • Record reasons for exclusion and any action(s) taken. • Advise patient on alternative treatment. • Refer to a prescriber if appropriate (for example. GP or NHS111 or out of hours (OOH) services). • Give safety-netting advice.

Details of the medicine

Name, form and strength of medicine	Hydrocortisone 1% cream
Legal category	Prescription Only Medicine (POM)
Indicate any off-label use (if relevant)	
Route/method of administration	Topical application to affected areas
Dose and frequency	Apply cream sparingly once or twice a day
Quantity to be administered and/or supplied	15g
Maximum or minimum treatment period	Use for a maximum of 5 days in children and 7 days in adults
Adverse effects	<p>Topical hydrocortisone preparations are usually well tolerated, but if any signs of hypersensitivity occur, application should stop immediately.</p> <p>As with all corticosteroids, application to the face may damage the skin and should be avoided. Prolonged application to the face is undesirable</p> <p>Striae may occur especially in intertriginous areas.</p> <p>There may be spreading and worsening of untreated infection and pigmentation changes or excessive hair growth</p>

Records to be kept	<ul style="list-style-type: none"> •
---------------------------	---

Patient information

Verbal/written advice to be given to patient / carer	<p>Give marketing authorisation holder's patient information leaflet (PIL) provided with the product. Please note some manufacturer's SPC do advise not to be used on the face. Please ensure the product and PIL is appropriate for where the product is to be used</p> <ul style="list-style-type: none"> • Explain treatment, course of action and potential side-effects. • The individual or carer should be advised to seek medical advice in the event of an adverse reaction. • Advise the patient or carer to read the manufacturer's patient information leaflet. • Advise the patient or carer to apply and appropriate quantity of cream or ointment (fingertip units) thinly on the skin to cover the affected area. • If any signs of hypersensitivity develop, application should stop immediately. • Wash hands before and after using the cream. • Do not cover the area with a dressing or plaster. • Be careful to avoid getting the cream or ointment in the eyes. • Advise patients on emollients if necessary (which the patient may purchase over the counter). • Advise on continued long term emollient use where appropriate to decrease the need for future topical corticosteroids. <p>Advise patients using an emollient along with hydrocortisone, to apply the emollient first. Then wait 30 minutes before applying hydrocortisone. This allows time for the emollient to be absorbed before the topical corticosteroid is applied</p>
Follow-up advice to be given to patient or carer	<p>All patients or carers must be given appropriate safety-netting advice to consider the exclusion criteria, if no better after 5 to 7 days of treatment to seek medical advice</p>

Appendices

Appendix A Key references

- NICE Clinical Knowledge Summary: insect bites
- • NICE Clinical Knowledge Summary: mild eczema
- • Summary of product characteristics
- • NICE PGD medicines practice guideline [MPG2]
- • Specialist Pharmacy website

Appendix B Health professionals' agreement to practise

I have read and understood the Patient Group Direction and agree to supply this medicine only in accordance with this PGD.

Name of pharmacist	Signature	Senior representative authorising pharmacist	Date