

**Patient Group Direction**

For the supply of **Fusidic Acid 2% Cream**

by registered, trained and authorised community pharmacists and locum pharmacists

for the **Management of Impetigo** on the Isle of Wight

|  |
| --- |
| This Patient Group Direction (PGD) must only be used by community 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. |

**Version number: 3.0**

**Change history**

|  |  |  |
| --- | --- | --- |
| **Version number** | **Change details** | **Date** |
| 1.0 | Production of PGD from National Health Service England (NHSE) approved PGD | Oct 2015 |
| 1.1 | Isle of Wight Council suggested changes | Jan 2016 |
| 1.2 | Amendments to training for pharmacist | Apr 2016 |
| 2.0 | Review | Feb 2018 |
| 3.0 | Review | Jan 2020 |
|  |  |  |

|  |  |
| --- | --- |
| PGD approval date/ Valid from: | 1.3.2018 |
| CCG implementation date: | 1.4.2018 |
| Review date: | 1.1.2020 / 2022 |
| Expiry Date: | 31.3.2020 / 2022 |

**Fusidic Acid PGD Accountability Record 2020**

**PGD Review Group**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Job title and organisation** | **Signature** | **Date** |
| Lead author & pharmacist | Caroline Allen  Deputy Head of Medicines Management |  | 10.03.2020 |
| Clinical Pharmacist | Mel Stevens  Antimicrobial Pharmacist, IOW Trust |  |  |

**PGD Authorisation**

***This PGD has been approved and authorised for use by:***

**CCG Clinical Approval**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Authorising Professional** | **Signature** | **Date** |
| **Dr Adam Poole** | Clinical Commissioning Group (CCG) GP Prescribing Lead |  | 10.03.2020 |
| **Louise Spenser** | CCG Deputy Director of Nursing and Quality |  | 18.03.2020 |
| **Tracy Savage** | CCG Locality Director and Head of Medicines Optimisation and Primary Care |  | 17.03.2020 |

**Provider Organisation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Authorising Professional** | **Signature** | **Date** |
| **On behalf of Community Pharmacy** |  | **Manager of the healthcare professionals using the PGD** |  |  |
|  |  |  |  |  |
| **Please note:**  **Individuals signing as the ‘manager of the healthcare professionals using the PGD’ have the responsibility to ensure ALL staff working to the PGD legally recognised to do so. Staff should be trained and competent, and their competency should be regularly updated** | | | | |

**Training and Competency**

|  |  |
| --- | --- |
|  | **Requirements for working under the PGD** |
| Qualifications and professional registration | Pharmacist currently registered with General Pharmaceutical Council (GPhC) <https://www.pharmacyregulation.org/registers/pharmacist> |
| Training | **Centre for Pharmacy Postgraduate Education (CPPE) distance learning:**   * CPPE learning assessment ‘Minor Ailments; a clinical approach (2020) <https://www.cppe.ac.uk/programmes/l/minor2-a-10> * CPPE distance learning module ‘Dermatology pocket guide: common skin conditions explained’ (2 hrs)   <https://www.cppe.ac.uk/programmes/l/dermatology-p-01/>   * NICE Clinical Knowledge Summaries <https://cks.nice.org.uk/impetigo#!scenario> |
| Competency | **Completion of education in both the legal and professional aspects of PGD administration and the supply of medicines using:**   * + GPhC Standards For Pharmacy Professionals   + Legal framework of PGD’s <https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017.pdf>   + Medicine, Ethics and Practice: Royal Pharmaceutical Society (RPS) <https://www.rpharms.com/publications/the-mep>   **CPPE Declaration of competence:**   * <https://www.cppe.ac.uk/services/declaration-of-competence#navTop>   Minor ailments – this includes Consultation skills, Common Clinical Conditions and Minor Ailments  **Self-Declaration that this training has been completed on PharmOutcomes**.  The Pharmacist must complete electronic declaration (enrolment) via PharmOutcomes, by clicking on Fusidic Acid PGD tab. |
| Ongoing training and competency | * The pharmacist is responsible for keeping themselves aware of any changes to the recommendations for the medicine listed. * It is the responsibility of the individual to keep up-to-date with continued professional development and to work within the limitations of their own individual scope of practice. * The pharmacist is required to complete the required training and competency declaration every time a new contract is signed as this may change slightly in line with current evidence. |

**Clinical Condition - Impetigo**

|  |  |
| --- | --- |
| **Clinical condition or situation to which this PGD applies** | **Treatment of minor staphylococcal skin infections (Impetigo).** |
| **Inclusion criteria** | * Tried hydrogen peroxide topically BD-TDS for 5-7days (available under PharmacyFirst) * Aged 3 months or over * Aged 18 years or under * Single lesion/affected area * Patient presenting with minor impetigo limited to a few lesions in one area of the body usually the face * Impetigo contagiosa or crusted impetigo: Rash consists of vesicles that rapidly burst and then dry to form gold-crusted plaques * Not systemically unwell * No impetigo infection in last 3 months * Parental consent must be considered for treating a child aged 16 or under * Patient must be present at consultation for pharmacist to assess skin condition * Patients must consent to sharing their details and the consultation with their registered GP. The consent can be verbal and will be recorded on PharmOutcomes® as part of the consultation process. |
| **Exclusion criteria** | * Not tried hydrogen peroxide topically BD-TDS for 5-7days (available under PharmacyFirst) * Aged 3 months or under * Aged 18 years or over * Multiple site skin infections – extensive/severe requires systemic antibiotics * Infected eczema * Affected area not on face * Bulbous impetigo (blisters) usually affecting arm-pits and neck folds. Painful, multiple and spreads rapidly – requires systemic antibiotics * Systemically unwell * Previous impetigo infection in last 3 months – refer for further investigation * Allergy to any component of the cream * Pregnancy and/or breastfeeding * Patient refuses treatment * Patient presents with any other skin condition on the same area of the body as the impetigo * Concerns regarding patient compliance with topical medication. * Suspected as being a community outbreak i.e. lives in a residential care home or suspected as being caused by MRSA. |
| **Cautions (including any relevant action to be taken)** | * Cellulitis can be mistaken for impetigo. If any doubt over diagnosis refer to GP for advice and treatment * Infections around eyes and mucous membranes may require systemic antibiotics as fusidic acid cream should not be used in these areas. If in doubt refer to GP for suitable treatment. |
| **Arrangements for referral for medical advice** | * Contact details of services available to be provided to patient, with hours of opening. * Pharmacist to provide summary of assessment for patient via Pharm Outcomes electronic transfer to GP, including reason for referral |
| **Action to be taken if patient excluded** | * Routine follow up is not necessary * Advise to call 111 if complex patient/concerns * Advise to see GP if symptoms don’t resolve |

**Details of the medicine – Fusidic Acid Cream 2%**

|  |  |
| --- | --- |
| **Name, form and strength of medicine**  *Include ▼for* [*black triangle medicines*](http://www.mhra.gov.uk/Safetyinformation/Howwemonitorthesafetyofproducts/Medicines/BlackTriangleproducts/index.htm) | Fusidic Acid 2% cream (15g) |
| **BNF Chapter Category** | 5.2 |
| **Legal category** | Prescription Only Medicine (POM) |
| **Dose and frequency** | Apply three times a day for 5 days |
| **Route/method of administration** | Topical |
| **Total Quantity to be administered and/or supplied** | 1 x 15g tube |
| **Maximum or minimum treatment period** | 5 days |
| **Adverse effects** | ***For full list of Adverse Drug reactions (ADR’s) see British National Formulary (BNF)/ Summary of Product Characteristics (SmPC)***  BNF <https://bnf.nice.org.uk/drug/fusidic-acid.html>  **Uncommon**  Skin reactions |
| **Records to be kept by PharmOutcomes for 2 years** | The following will be recorded on PharmOutcomes:   * Patient name, age, gender * Name of registered GP * The diagnosis (Impetigo) * Treatment recommended (Fusidic Acid Cream) and dose TDS * Quantity supplied (1 x 15g tube) * Batch number and expiry date * Name of manufacturer * Duration of treatment (5 days) * Date of supply * Name of the individual assessing the patient and making the supply   *Copies of records and oral consent via PharmOutcomes must be kept for 2 years*  *Information must be sent to the GP by PharmOutcomes for entry into the patients records*  Document any allergies and other adverse drug reactions clearly in the pharmacy patient records and inform GP and other relevant practitioners for further reporting and action |

***Procedure for reporting Adverse Drug Reactions (ADRs)***

*All ADRs/ significant events/ near misses occurring in relation to the administration of this medicine under the PGD must be reported to the CCG* [*iwccg.mot@nhs.net*](mailto:iwccg.mot@nhs.net) *.*

*The GP must be informed and, in a case requiring hospital admission or resulting in serious harm, the incident reported on a yellow card to the Committee on the Safety of Medicines (CSM) -* [*https://yellowcard.mhra.gov.uk*](https://yellowcard.mhra.gov.uk)

**Patient information**

|  |  |
| --- | --- |
| **Information to be given to patient or carer** | * Reassure the person that impetigo usually heals completely without scarring, and that serious complications are rare. * Avoid touching to aid healing and stop the infection spreading to other sites on the body and to other people. * Always wash your hands after accidentally touching the area (and ask other people to do the same).   + Wash your hands before and after putting the antibiotic cream or ointment on the impetigo.   + Don’t share towels, flannels etc. until the infection has cleared. Always use a clean cloth each time to dry the affected area.   + To prevent the spread of bacteria, the patient's towels, pillowcases, and sheets should be changed and washed on the hottest available setting (at least 60 degrees) with the addition of laundry bleach. Clothing and bedding should be washed and changed daily during the first few days of treatment. Children with impetigo should be kept off school or nursery until affected areas have healed or 48 hours after starting antibiotic treatment.   + It is fine to continue with your normal bathing and skin care routine. However, be careful to avoid contaminating creams by touching the affected skin and then putting your finger back into the pot. * Fusidic acid is for cutaneous use only, therefore advise to avoid contact with eyes and mucous membranes. * Advise patient to see GP if there is no significant improvement after 5 days. * Do not share the cream with anyone else * Advise on potential adverse reactions – if any develop stop treatment and contact GP * Extended and recurrent use may increase the risk of contact sensitisation and the development of antibiotic resistance. Patients should be advised to discard remaining cream after treatment period. * Patient information leaflet should be provided   + e MC Fusidic Acid Cream PIL <https://www.medicines.org.uk/emc/files/pil.5510.pdf> |
| **Follow-up advice to be given to patient or carer** | * If no significant improvement after 7 days – seek medical advice from 111/GP * If symptoms worsen or appear in multiple locations contact 111/GP for medical advice |

**Appendix A - Key References**

|  |
| --- |
| 1. NICE Clinical Knowledge Summary Impetigo: <https://cks.nice.org.uk/impetigo#!scenario> 2. BNF January 2018 <https://bnf.nice.org.uk/drug/fusidic-acid.html> 3. e MC SmPC Fusidic Acrid Cream <https://www.medicines.org.uk/emc/product/5510/smpc> 4. e MC Fusidic Acrid Cream PIL <https://www.medicines.org.uk/emc/files/pil.5510.pdf> |

**Appendix B - PGD Sign-Off Sheet 2020-22**

This is the health professionals’ agreement to practise and is to be signed by individual pharmacists agreeing to practice under the PGD.

***I have read and understood the patient group direction, completed the prerequisite training and agree to supply and/or administer this medicine only in accordance with this PGD.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **GPhC Number** | **Date** | **Signature** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*A copy of this Patient Group Direction (PGD) should be given to the pharmacists listed above, and the original retained by the Pharmacy providing the service for ten years.*

**Appendix C - Pharmacy Payment**

|  |  |  |
| --- | --- | --- |
|  | Drug Tariff (Jan 2020) | PharmOutcomes |
| Consultation and supply for patient self-referrals | 15g £ (CAT M) | £ (VAT exempt) |
| Consultation and supply if directed via 111 and CPCS | 15g £ (CAT M) | £ (VAT exempt) |

**Appendix D - PharmOutcomes**

The system will factor invoices:

* Where ‘*Product Supplied*’ *=* The value of ‘*Product Supplied (DM&D)*’ x ‘*Quantity Supplied*’ *in pence* plus VAT at Standard rate (Product Reimbursement/Treatment Supplied)
* £ per recorded service provision (VAT Exempt) (Consultation)
* ‘FP10 charges collected’ = Yes x - the NHS Prescription Levy for the period appropriate to the provision (Zero VAT) (Levy Charge)

The system will allow data to be claimed for at the time of issue. Payment by Commissioner will be quarterly.