

Minor Ailment Scheme (MAS) Patient Group Direction 3 version 2
Administration/Supply of Fusidic Acid 2% Cream in the management of Impetigo by Community Pharmacists in the Northern, Eastern and Western Devon Clinical Commissioning Group and South Devon and Torbay Clinical Commissioning Group

Authorised for use in Community Pharmacies in the Northern, Eastern and Western Devon Clinical Commissioning Group by:

Lorna Collingwood-Burke, Chief Nursing Officer, Northern, Eastern and Western Devon Clinical Commissioning Group
(Acting as Clinical Governance Lead)

Signed: **Authorised**

Date signed: **28.02.2017**

Date of Implementation: **1st April 2017**

Expiry date: **31st March 2019**

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Staff involved in the development of this PGD:

This PGD was developed by a working group involving pharmacists and GP Clinical leads from NHS Kernow CCG. NHS NEW Devon CCG would like to acknowledge this and thank NHS Kernow CCG for sharing this PGD with the wider health community. Adaptations to the clinical content have been made by the joint NEW Devon CCG and South Devon & Torbay CCG Patient Group Direction Virtual Review Panel.

Northern, Eastern and Western Devon Clinical Commissioning Group Clinical Approval

	Name	Signature	Date
Physician	Dr Glen Allaway	Authorised	22.02.2017
Pharmacist	Louise Greaves	Authorised	21.02.2017

Date of Implementation: 1st April 2017

Expiry date: 31st March 2019

Pharmacy Authorisation (Lead pharmacist for the location named below):

I have read and approved this PGD for use by appropriate named registered pharmacists employed atpharmacy and certify that this pharmacy is registered to provide the Pharmacy First Services. I understand that I am responsible for ensuring that my staff have adequate training in providing the Pharmacy First Services to patients in strict accordance with this PGD

Signed.....Dated.....

Print Name:

Address:

.....

Role:

As part of the development of this PGD we have taken into account all equality and diversity issues. Patients are only excluded from this PGD in line with national guidance or for safety reasons.

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The Community Pharmacists named below, based at _____ Pharmacy are authorised to supply Fusidic Acid 2% Cream in the management of Impetigo as specified under this Patient Group Direction

In signing this document I confirm the following:

- I have read and understood the above mentioned PGD.
- I agree to practice only within the bounds of my own competence and in accordance with my Code of Professional Conduct.
- I have the qualifications required under the staff characteristics detailed in the PGD
- I am competent to operate under this PGD and able to evidence this
- I agree to administer/supply the above preparations in accordance with this PGD and any related local service specifications

NAME	TITLE	SIGNATURE	DATE

- Complete additional pages as necessary.
- Retain original signed pages with authorising manager.

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1. Clinical Condition

Definition of condition/situation

- Treatment of minor impetigo

Criteria for inclusion

- Patient presenting with minor impetigo limited to a few lesions in one area of body. The rash consists of vesicles that weep and then dry to form yellow-brown crusts.

NB. Parental consent must be obtained before offering to treat patient less than 16 years of age who is not considered competent to consent to treatment.

Criteria for exclusion

- Multiple site skin infection
- Previous impetigo infection within the last 3 months
- Allergy to fusidic acid or any component of the cream
- Patient refuses treatment
- Patient presents with any underlying skin condition on the same area of the body as impetigo
- Concerns regarding patient compliance with topical medication

Caution

- None

Action if excluded

- Refer to GP for advice and treatment. If necessary provide patient with a referral form giving extra information of condition
- Advise on support for self-care where appropriate

Action if patient refuses medication

- as per exclusion

2. Characteristics of Staff

Qualifications required

- Pharmacist currently registered with the General Pharmaceutical Council

Additional requirements

- Previous attendance at a specific commissioning organisation training event and satisfactory completion of any post-event training material
OR
- Satisfactory completion of the latest CPPE learning pack 'Common Clinical Conditions and Minor

Ailments' and successful completion of e-assessment 'Minor ailments: A clinical approach (2016)'

Requirements for continuing training and education

- CPD in treating common skin infections
- Annual self –assessment of competency

3. Description of Treatment

Name of Medicine Fusidic Acid 2% Cream

Legal Class POM (Prescription Only Medicine)

Storage Store in below 25°C

Dose to be used • 1 x 15mg tube

Method or route of administration • Topically

Total dose and number of times drug to be given. Details of supply (if supply made) • Apply topically to lesion three or four times daily for 7 days

Advice and information to patient/carer including follow-up

- Wash hands before and after applying cream
- Not to be applied to breast if breastfeeding
- Where possible remove scabs by bathing in 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
- Suggest applying cream three times daily on school days and four times daily at other times
- Inform school / nursery of condition. Children should stay away from school until the lesions are dry and scabbed over, or, if the lesions are still crusted or weeping, for 48 hours after antibiotic treatment has started
- Reassure the person that impetigo usually heals completely without scarring, and that serious complications are rare
- Do not share cream with anyone else
- Fusidic acid 2% cream can cause local skin irritation, sensitisation, erythema, contact dermatitis, or pruritus. In the event of sensitisation or severe local irritation, treatment should be stopped and the patient should contact their GP
- Fusidic acid 2% cream is for cutaneous use only and therefore contact with eyes and mucous membranes should be avoided
- Advise the person to contact their GP if there is no significant improvement after 7 days
- Extended or recurrent application may increase the risk of contact sensitisation and the development of antibiotic resistance. Patient should be advised to use the cream for 7 days only then discard
- Patient information leaflets can be downloaded from the British Association of Dermatologists website at www.bad.org.uk/for-the-public/patient-information-leaflets/impetigo

Follow up treatment

- If the skin infection spreads or there is no improvement after 7 days, seek medical advice from GP

Specify method of recording supply /administration including audit trail

Record Keeping

- Completion of PMR
- Completion of PGD checklist
- Completion of consent form and signature of parent for prescription charges / exemption
- Completion of the claim electronically on PharmOutcomes

Audit trail

- PMR entry
- The cream must be labelled with the directions and the words **“supplied under Patient Group Direction”**
- All PGD documentation (checklist and consent form) for adults must be kept for 8 years and for children until the child is 25 years old, or for 8 years after a child's death
- Patient's GP to be notified using notification form within 48 hours of supply for inclusion in the patient's notes
- Electronic claims to be made in line with local arrangements

Reporting procedure for adverse reactions

- All severe reactions (including minor reactions in children under 18 years) to Fusidic acid 2% are to be reported to the MHRA through the Yellow Card System

Confidentiality

All pharmacists and their supporting staff must respect their duty of confidentiality and information should not be disclosed to any third party without the patient's consent. This duty of confidentiality applies equally to patients who are less than 16 years of age **providing that child protection and safeguarding issues have been addressed**. Practitioners should be aware of their obligations under their appropriate Code of Conduct/Ethics.

The patient should be asked if they wish their GP to be informed. Supply may be communicated to the GP

ONLY if consent is given first.

References used in the development of this PGD:

Specific guidance

- <http://cks.nice.org.uk/conjunctivitis-infective>
- Summary of product Characteristics available at <https://www.medicines.org.uk/emc/medicine/2374>
- Impetigo <http://www.patient.co.uk/doctor/impetigo-pro>
- MHRA, yellow card, helping to make medicines safer <http://yellowcard.mhra.gov.uk>

References – general

- **Current British National Formulary**, London: British Medical Association Royal Pharmaceutical Society of Great Britain,
- Current Joint Formulary [online]

Please refer to the summary of product characteristics for full information

This Patient Group Direction is operational from the 1st April 2017 and expires 31st March 2019

Version History

Version	Date	Brief Summary of Change	Owner's Name
MAS/PGD04/April2015/Issue009/NHS Kernow	01/04/2015	Adopted PGD from NHS Kernow	Graham Parsons
MAS/PGD01/July 001/NHS NEW Devon CCG v0.1	10/06/2015	Adapted for organisational use in NEW Devon CCG. Format changes	Graham Parsons
MAS/PGD01/July 001/NHS NEW Devon CCG v0.2	16/06/2015	Minor formatting changes	Graham Parsons
PGD MAS 03 v1.0	22/06/2015	Minor formatting changes	Amy Muir
MAS PGD 03 V1.2	26/01/2017	Adapted PGD with changes to content as approved by NEW Devon CCG & South Devon & Torbay CCG PGD VRP and document template updated	Amy Adams
MAS PGD 03 V2	21/02/2017	Document finalised following content agreement from the PGD VRP	Amy Adams

For more information on this document, contact:	Medicines Optimisation Team NEW Devon CCG Level 2, Crown Yealm House Pathfields Business Park South Molton EX36 3LH Telephone contact: 01769 575135 Email: d-ccg.medicinesoptimisation@nhs
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