NHS
Devon
Clinical Commissioning Group

Minor Ailment Scheme (MAS) Patient Group Direction 4 version 3.2
Administration/Supply of Timodine Cream by Community Pharmacists in the NHS Devon Clinical Commissioning Group

Authorised for use in Community Pharmacies in the NHS Devon Clinical Commissioning Group by:

Darryn Allcorn, Chief Nursing Officer, NHS Devon Clinical Commissioning Group

(Acting as Clinical Governance Lead)

Signed…**Authorised**…… Authorised…Darryn Allcorn……

Date signed: 10.03.2021……

Date of Implementation: 1st April 2021 **Expiry date: 31st March 2022**

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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 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 NHS Devon CCG Patient Group Direction Virtual Review Panel.

NHS Devon Clinical Commissioning Group Clinical Approval

	Name	Signature	Date
Physician	Glen Allaway	**Authorised**	04.03.2021
Pharmacist	Paul Humphriss	**Authorised**	24.02.2021

Date of Implementation: 1st April 2021 **Expiry date: 31st March 2022**

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

I have read and approved this PGD for use by appropriate named registered pharmacists employed at ……pharmacy 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 Timodine Cream 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 nappy rash
Criteria for inclusion	Where parent/guardian consent has been given ☐ Children from 0 to 3 years ☐ The rash appears red, with pinpoint papules over the napkin area. Skin folds can be affected if candida infection is present ☐ The child must be present at the Community Pharmacy and the nappy area seen.
Criteria for exclusion	☐ Allergy to any of the components in Timodine Cream ☐ Refusal of treatment / no consent given by parent / guardian ☐ Children over 3 years of age ☐ Ulcerated skin ☐ Children who have had previous Timodine in last 3 months ☐ Already applying a dermatological preparation to the nappy area that contains any of the active ingredients in Timodine Cream
Caution	☐ Any proposed use of hydrocortisone in neonates (newborn under four weeks old) should be carefully assessed, as the high body surface area: weight ratio allows a proportionate increase in percutaneous absorption. Consideration should be given to the relative fragility of neonatal skin.
Action if excluded	☐ Refer to GP for further advice and treatment. If necessary, provide patient's parent / guardian 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 CPPE learning pack 'Common Clinical Conditions and Minor Ailments' and e-assessment 'Minor ailments: A clinical approach' Requirements for continuing training and education ☐ CPD in treating nappy rash and common skin infections ☐ Annual self –assessment of competency

3. Description of Treatment

Name of Medicine	Timodine Cream (hydrocortisone 0.5%, nystatin 100,000 units/g, benzalkonium chloride solution 0.2%, dimeticone '350' 10%)
Legal Class	POM (Prescription Only Medicine)
Storage	Store below 15°C
Dose to be used	☐ 1 x 30g tube
Method or route of administration	☐ Apply topically and thinly three times daily at nappy change for seven days ☐ Apply a barrier cream to nappy area after application of Timodine® Cream.
Total dose and number of times drug to be given. Details of supply (if supply made)	☐ Apply topically three times daily at nappy change for seven days

Advice and information to patient/carer including follow-up	☐ Identify the patient information leaflet ☐ Store the cream in the refrigerator between applications ☐ Wash hands at the start and finish of the procedure ☐ Wash affected napkin area with warm water, pat dry thoroughly and apply a thin layer of cream ☐ Dress in a clean nappy ☐ To consider using nappies with the greatest absorbency (for example, disposable gel matrix nappies) – however, parental choice of the convenience, cost, and environmental considerations ☐ Change nappy as soon as possible if wet or soiled ☐ Leave nappies off for as long as is practically possible ☐ Use water, or fragrance-free and alcohol-free baby wipes ☐ Dry gently after cleaning – avoid vigorous rubbing ☐ Bathe bottom daily – but avoid excessive washing (such as more than twice a day) which may dry the skin ☐ Do not use soap, bubble bath, or lotions ☐ Advise to stop use and consult GP if a skin reaction occurs after treatment has started ☐ Advise parents / guardians not to smoke or go near naked flames due to the flammable nature of the cream and risks of severe burns (wash clothing, bedding etc that may have come into contact) ☐ If child is running a temperature or unwell advise parent / guardian to make an appointment to see their GP Follow up treatment ☐ Advise parent / guardian to discontinue treatment and discuss with Health Visitor if the nappy rash does not improve or take child to GP if condition gets worse
Specify method of recording supply /administration including audit trail	**Record Keeping** ☐ Completion of PMR ☐ Completion of PGD checklist ☐ Completion of consent, prescription charges / exemption and audit form ☐ 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** ☐ Any reactions to Timodine® Cream supplied under this PGD are to be reported to 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.

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References used in the development of this PGD:	Specific guidance ☐ http://cks.nice.org.uk/nappy-rash ☐ Summary of Product Characteristics – Timodine available at https://www.medicines.org.uk/emc/medicine/17934 ☐ http://www.nhs.uk/conditions/pregnancy-and-baby/pages/washing-your-baby.aspx References – general ☐ **Current British National Formulary for Children,** London: British medical Association Royal Pharmaceutical Society of Great Britain, Royal College of Paediatrics and Child Health, Neonatal and Paediatric Pharmacist Group ☐ Current Joint Formulary **[online]**

Please refer to the summary of product characteristics for full information

This Patient Group Direction is operational from 1st April 2021 and expires 31st March 2022

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 04 v1.0	22/06/2015	Minor formatting changes	Amy Muir
MAS PGD 04 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 PGD04v2	21/01/2017	Document finalised following content agreement from the PGD VRP	Amy Adams
MAS PGD 4.0 V3.0	16/1/18	Review of PGD	Louise Greaves
MAS PGD 4.0 V3.1	7/2/19	Amendments made as per PGD VRP 16/1/19	Beverley Baker
MAS PGD 4.0 V3.2	14/01/2021	PGD review, amendments agreed at PGD VRP	Paul Humphriss

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