

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 (PGD)

For use in the community pharmacy extended care service




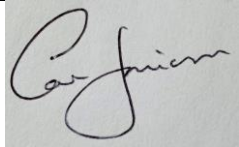
Supply of Hydrogen Peroxide 1% Cream for the treatment of Impetigo (Localised) in NHS England Midlands Region

Version Number 6.0 / 2023


Change History	
Version and Date	Change details
2.0 / 2022	Existing PGD incorporated into national template
3.0 / 2022	FINAL draft following NHSEI clinical review
4.0 / 2022	FINAL following system review
5.0 / 2023	Annual review
6.0 / 2023	FINAL PGD following system review

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

CLINICAL AUTHORISATION OF PGD

Name	Job title and organisation	Signature	Date
Dr Jessica Sokolov	Medical Director, NHSE Midlands		14/03/2023
Richard Seal	Regional Chief Pharmacist, NHSE Midlands		10/03/2023
Andrew Pickard (Lead author)	Regional Pharmacy Advisor, NHSE Midlands		09/03/2023
Dr Conor Jamieson	Regional Antimicrobial Stewardship Lead, NHSE Midlands		10/03/2023

ORGANISATIONAL AUTHORISATION OF PGD

Name	Job title and organisation	Signature	Date
Rebecca Woods	Head of Primary Care Commissioning, NHSE Midlands		14.03.23

1. Characteristics of staff

Qualifications and professional registration	<ul style="list-style-type: none"> • The community pharmacist must be registered with the General Pharmaceutical Council. • The community pharmacist must be accredited by NHS England Midlands to provide the Pharmacy Extended Care (Tier 2) Service.
Training requirements	<ul style="list-style-type: none"> • The community pharmacist authorised to operate under this PGD must have undertaken appropriate education and training and successfully completed the competencies to undertake clinical assessment of patient leading to diagnosis of the conditions listed in this PGD in accordance with local policy. • Undertaken appropriate training and successfully completed the competencies for the identification of sepsis • Undertaken appropriate training and successfully completed the competencies for safeguarding vulnerable adults and children. • Individuals operating under this PGD should follow the national guidance for diagnosis and management of impetigo in the UK • Individuals operating under this PGD must be familiar with the product and alert to changes in the Summary of Product Characteristics (SPC) • The community pharmacist must provide the service in accordance with the requirements of the associated Service Specification – Pharmacy Extended Care (Tier 2) Service.
Competency assessment	<ul style="list-style-type: none"> • Individuals operating under this PGD must be assessed as competent (see Appendix A) or complete a self-declaration of competence for the recognition and management of impetigo. • Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions
Ongoing training and competency	<ul style="list-style-type: none"> • Individuals operating under this PGD are personally responsible for ensuring that they remain up to date with the use of all medicines and guidance included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the PGD (eg. superintendent pharmacist or line manager), and further training provided as required.

The decision to supply any medication rests with the individual registered pharmacist who must abide by the PGD and any associated organisational policies.

2. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	Impetigo - localised (non-bullous infection). The use of topical treatments are considered as first-line therapies where there is a single localised lesion indicative of impetigo.
First Line Treatment	Hydrogen peroxide 1% cream is considered as first-line treatment for a single localised lesion.
Second Line Treatment	If hydrogen peroxide is not a suitable treatment option, then oral therapy can be considered as second-line treatment for a single localised lesion as well as multiple lesions (see separate PGD).
Criteria for inclusion	<p>Informed consent must be obtained prior to continuing with the consultation</p> <p>Treat patients presenting with superficial infection of the skin with the following symptoms that are indicative of impetigo;</p> <ul style="list-style-type: none"> - Patients aged 1 year and over - Lesions that begin as vesicles or pustules, that rapidly evolve into gold-crusts plaques (typically up to 2cm in diameter) - Generally painless, but sometimes itchy - Affecting areas of the face, typically around the mouth and nose - A single localised lesion
Criteria for exclusion	<ul style="list-style-type: none"> • Patients must be excluded if consent is not given • Differential diagnosis that may be indicative of other skin infections or infestations - Differential diagnosis Diagnosis Impetigo CKS NICE • Bullous impetigo • Patients aged under 1 year • Widespread lesions • Infection is within close proximity of the eye(s) • Systemic illness • Significant inflammation around lesions – consider cellulitis and refer • Lesions that are painful • Recurrent impetigo infection treated within previous 4 weeks • More than two episodes of impetigo treated under this PGD within previous 12 months • Hypersensitivity to hydrogen peroxide or excipients contained within the cream • Immunocompromised patients

	<p>THINK SEPSIS – check for signs/ symptoms using local / national tool relevant to the patients age and risk factors - Assessment Diagnosis Sepsis CKS NICE</p> <p>Please refer to SPC Home - electronic medicines compendium (emc), BNF BNF (British National Formulary) NICE or BNFC BNFC (British National Formulary for Children) NICE for full details</p>
<p>Deferred treatment</p>	<p>If clinically appropriate, and the individual agrees to defer treatment, the pharmacist should determine that they could be treated under the service PGDs if they do return. If the individual then returns after waiting the appropriate amount of time, the pharmacist can then supply the medication once an appropriate follow-up assessment under the PGD is undertaken. The pharmacist making the assessment may refer to the original consultation notes, but must fully reassess the individual for suitability for treatment. The supply should be recorded in the Deferred Treatment Module within PharmOutcomes.</p>
<p>Cautions including any relevant action to be taken</p>	<ul style="list-style-type: none"> • Should not be used on large or deep wounds and should not be applied to healthy skin. • Hydrogen peroxide can bleach fabric. • Excipients within the cream can cause localised skin reactions, and care must be taken when applying cream within the proximity of the eyes to prevent irritation. • Salicylic acid is a mild irritant and can cause dermatitis. • Crystacide Cream also contains propylene glycol which may cause skin irritation. <p>Please refer to SPC Home - electronic medicines compendium (emc), BNF BNF (British National Formulary) NICE or BNFC BNFC (British National Formulary for Children) NICE for full details</p>
<p>Specific information for suspected infection to be provided</p>	<ul style="list-style-type: none"> • Impetigo is usually a self-limiting condition which takes two to three weeks to clear, if untreated. • Appropriate antibiotic treatment leads to more rapid resolution of infection and reduces the infective period. • Relapse occurs most often in people with underlying skin conditions (such as eczema) and in staphylococcal carriers. • If symptoms have not improved after 5 days, advise patient to contact a Primary Care Clinician. • If cellulitis suspected, or if patient presents with severe infection (including systemic symptoms) urgent referral to seek medical advice is required • Provide Impetigo leaflet from the British Association of Dermatologists - British Association of Dermatologists (bad.org.uk)

Management of excluded clients	<ul style="list-style-type: none"> • If patient meets exclusion criteria, refer to a Primary Care Clinician. The urgency with which a referral needs to be made is based on the presenting symptoms following clinical examination. • If cellulitis suspected, or if patient presents with severe infection (including systemic symptoms) urgent referral to seek medical advice is required • Record the reason for exclusion and any action taken on PharmOutcomes.
Management of patients requiring referral	<p>If patient declines treatment or advice, ensure the following details are recorded on PharmOutcomes;</p> <ul style="list-style-type: none"> • The advice given by the clinician • Details of any referral made • The intended actions of the patient (including parent or guardian). • Discuss potential consequences of not undertaking treatment and provide safety netting advice

3. Description of treatment

Name, strength & formulation of drug	Hydrogen Peroxide 1% Cream
Legal category	Pharmacy (P Medicine)
Route of administration	Topical
Off label use	Not applicable
Dose and frequency of administration	Apply two or three times daily
Duration of treatment	Duration of treatment is for a maximum of 5 days
Quantity to be supplied	Supply 1x25g tube
Storage	<p>Store below 25°C in accordance with the manufacturers Summary of Product Characteristics (SPC), which is available from the electronic Medicines Compendium website: www.medicines.org.uk and BNF.</p> <p>Discard any unused medication 28 days after opening.</p>
Drug interactions	<p>Not compatible with iodine, permanganates, and other stronger oxidising agents.</p> <p>Please refer to SPC Home - electronic medicines compendium (emc) or BNF British National Formulary - NICE for full details.</p>
Identification & management of adverse reactions	<p>The most frequently reported adverse reaction is that of a mild burning sensation for a short time after application of the cream.</p> <p>Please refer to SPC for uncommon and rare side effects Use the Yellow Card System to report adverse drug reactions directly to the MHRA. http://yellowcard.mhra.gov.uk</p>

Management of and reporting procedure for adverse reactions	<ul style="list-style-type: none"> Healthcare professionals and patients/carers are encouraged to report suspected adverse drug reactions (ADRs) to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: http://yellowcard.mhra.gov.uk Record all ADRs in the patient's medical record. It is considered good practice to notify the individual's GP in the event of an adverse reaction.
Further advice to be supplied to individuals	<ul style="list-style-type: none"> Provide the patient with the manufacturer's Patient Information Leaflet and discuss as necessary. Provide a leaflet on impetigo from the British Association of Dermatology - British Association of Dermatologists (bad.org.uk) Before the initial application of the cream, advise the person (or parent) to remove crusted areas by soaking them in soapy water, as long as this does not cause discomfort. Apply the cream gently and sparingly to the lesions. A dry film will appear on the skin after application, but this can be washed off with water once the cream has soaked into the skin. Reassure the patient that impetigo usually heals completely without scarring, and that serious complications are rare If symptoms have not improved after 5 days, advise patient to contact a Primary Care Clinician. Advise that hydrogen peroxide can bleach fabric, so care is needed when applying the cream Hygiene measures are important to aid healing and stop infection spreading to other parts of the body and to other people. It is recommended that the patient; <ul style="list-style-type: none"> - washes the affected areas with soapy water - washes hands after touching a patch of impetigo - avoids scratching affected areas, and keeps fingernails clean and cut short - avoids sharing towels, flannels, personal care products, clothing and bathwater until infection has cleared Children and adults should stay away from school or work until the lesions are dry and scabbed over, or, if the lesions are still crusted or weeping, for 48 hours after treatment has started Inform parents/guardians to thoroughly clean potentially contaminated toys and play equipment. Food handlers are required by law to inform employers immediately if they have impetigo Seek medical attention immediately if condition deteriorates and/or patient becomes systemically unwell. Advise patient that if rash, signs of hypersensitivity or any

	<p>other side effects occur, stop using the medicine and contact a Primary Care Clinician immediately</p> <ul style="list-style-type: none"> • Seek medical attention if there is little improvement after 5 days of treatment. • FOLLOW UP – Individuals must be contacted within 7 days of the initial consultation to ascertain success of treatment, and arrange referral to an appropriate clinician if symptoms have not resolved, and the individual has not already sought additional advice. <p>Please refer to SPC Home - electronic medicines compendium (emc) or BNF British National Formulary - NICE for full details.</p>
<p>Records</p>	<p>In discussion with the client enter consultation details onto the relevant module within PharmOutcomes at the time of the consultation. All consultations must be entered onto PharmOutcomes on the day that the consultation takes place.</p> <p>The record itself must include the following:</p> <ul style="list-style-type: none"> - that valid informed consent was given where applicable - name of individual, address, date of birth and GP with whom the individual is registered (if relevant) - any known medication allergies - name of registered pharmacist operating under the PGD - name of medication supplied - batch number and expiry date - date of supply - dose, form and route of administration - quantity supplied - advice given, including advice given if excluded or declines treatment - details of any adverse drug reactions and actions taken - administered via Patient Group Direction (PGD) • Details of the supply must also be made in the patients (PMR) record. • All supplies of hydrogen peroxide 1% must be labelled in accordance with the labelling requirements for a dispensed medicine as stated within Schedule 5 of The Medicines (Marketing Authorisations etc) Regulations 1994. No 3144 as amended. In addition to the above, the label must also state the words “Supplied under a PGD” to help with audit purposes. • Informed verbal consent should be obtained (for clients aged under 16 years, Fraser guidelines should be followed)

	<ul style="list-style-type: none"> • Electronic patient records should be retained for adults for a period of 10 years after attendance and for children until the child is 25 years old. • If the client is excluded, a record of the reason for exclusion must be documented within PharmOutcomes, and any specific advice that has been given. • In every case when a supply of hydrogen peroxide 1% is made in accordance with this PGD, the pharmacist must inform the patient's GP of the supply within two working days. This will be done through secure nhs.net email accounts via PharmOutcomes once the consultation data has been recorded within the specified module. Where no nhs.net account is available to PharmOutcomes, the pharmacist will be informed by the system and must make alternative arrangements to send the information (within two working days).
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4. Key references

Key references	<p>Electronic BNF BNF (British National Formulary) NICE and BNFC BNFC (British National Formulary for Children) NICE</p> <p>Clinical knowledge summaries – Impetigo 2022 Impetigo Health topics A to Z CKS NICE</p> <p>British Association of Dermatologists – Impetigo British Association of Dermatologists (bad.org.uk)</p> <p>NICE ANTIMICROBIAL SUMMARY GUIDANCE for impetigo https://www.bnf.org/news/2021/07/29/bnf-hosts-antimicrobial-summary-guidance-on-behalf-of-nice-and-phe/</p> <p>Principles of Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use https://www.nice.org.uk/guidance/ng15</p>
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Appendix A - Registered pharmacist authorisation sheet

Supply of Hydrogen Peroxide 1% Cream for the treatment of Impetigo (Localised)

Version: 6.0/2023 Valid from: 31st March 2023 Expiry: 31st March 2024

Before signing this PGD, check that the document has had the necessary authorisations. Without these, this PGD is not lawfully valid.

Registered pharmacist

By signing this patient group direction, you are indicating that you agree to its contents and that you will work within it.

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.

Name	Designation	Signature	Date

Authorising manager

I confirm that the registered pharmacists named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of _____ (insert name of organisation) for the above named pharmacists who have signed the PGD to work under it.

Name	Designation	Signature	Date

Note to authorising manager

Score through unused rows in the list of registered pharmacists to prevent additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those registered pharmacists authorised to work under this PGD.

Add details on how this information is to be retained according to organisation PGD policy.