

### 3.0

## PATIENT GROUP DIRECTION (PGD)

**Supply/Administration of Hydrocortisone 1% cream or ointment  
for the treatment of mild skin conditions**

### Documentation details

Reference no:	Comm Pharm Hydrocortisone
Version no:	V3.0
Valid from:	April 2025
Review date:	August 2027
Expiry date:	March 2028

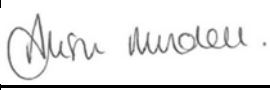
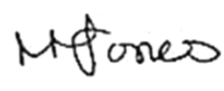
### Change history

Version number	Change details	Date
v1.0	Written by Helen Wilkinson, checked by Michelle Jones	Nov 2019
v2.0	Reviewed by Michelle Jones	Jan 2023
V3.0	Reviewed by Michelle Jones	March 2025

### Glossary

Abbreviation	Definition

## 1. PGD template development

Developed by:	Name	Signature	Date
<b>Pharmacist</b>	Alison Mundell, ICS Community Pharmacy Clinical Lead, BNSSG ICB		12/03/25
<b>Doctor</b>	Dr Bryn Bird GP Prescribing lead, BNSSG ICB		
<b>Registered Professional representing users of the PGD</b>	Michelle Jones, Principal Medicines Optimisation Pharmacist, BNSSG ICB		18/03/2025

## PGD Working Group Membership

Name	Designation
Michelle Jones	Principal Medicines Optimisation Pharmacist, BNSSG ICB
Elizabeth Jonas	Principal Medicines Optimisation Pharmacist, BNSSG ICB
Bryn Bird	GP, Prescribing Lead BNSSG ICB
Richard Brown	Chief Officer, Community Pharmacy Avon
Alison Mundell	Community Pharmacy Clinical Lead, BNSSG ICB


**2. Organisational authorisations** (may require amendment depending on how the service using the PGD is being commissioned/the organisation who is responsible for authorising the PGD – not all fields may be applicable)


The PGD is not legally valid until it has had the relevant organisational authorisation.

It is the responsibility of the organisation that has legal authority to authorise the PGD, to ensure that all legal and governance requirements are met. The authorising body accepts governance responsibility for the appropriate use of the PGD.

**Bristol, North Somerset & South Gloucestershire CCG** authorises this PGD for use by the services or providers listed below:

Authorised for use by the following organisation and/or services
Community Pharmacies contracted to provide the BNSSG ICB Community Pharmacy PGD Service for Minor Ailments
Limitations to authorisation
None

Organisational approval (legal requirement)			
Role	Name	Sign	Date
Deputy Chief Medical Officer, Bristol, North Somerset and South Gloucestershire ICB	Dr Geeta Iyer		26/03/2025

Additional signatories according to locally agreed policy			
Role	Name	Sign	Date
Chief Pharmacist and Director Medicines Optimisation Bristol, North Somerset and South Gloucestershire ICB	Debbie Campbell		26/03/2025

Local enquiries regarding the use of this PGD may be directed to [bnssg.medicines-optimisation@nhs.net](mailto:bnssg.medicines-optimisation@nhs.net)

Section 7 provides a registered health professional authorisation sheet. Individual professionals must be authorised by name to work to this PGD. Alternative authorisation sheets/templates may be used where appropriate in accordance with local policy.

### 3. Characteristics of staff

<b>Qualifications and professional registration</b>	<p>Registered professional with one of the following bodies:</p> <ul style="list-style-type: none"> <li>Pharmacists registered with the General Pharmaceutical Council (GPhC)</li> </ul>
<b>Initial training</b>	<ul style="list-style-type: none"> <li>Must be authorised by name as an approved practitioner under the current terms of this Patient Group Direction before working to it</li> <li>Has undertaken appropriate training and been declared competent to carry out clinical assessment of patient leading to diagnosis that requires treatment according to the indications listed in this PGD</li> <li>Must be competent in the use of PGDs (see <a href="#">NICE Competency framework</a> for health professionals using patient group directions)</li> <li>Must have access to the Patient Group Direction and associated online resources</li> </ul>
<b>Competency assessment</b>	<p>All pharmacists operating under this PGD are required to complete a Declaration of Competence via PharmOutcomes</p> <p>Staff operating under this PGD are encouraged to review their competency using the <a href="#">NICE Competency Framework for health professionals using patient group directions</a></p> <p>Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines 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 and further training provided as required.</p>
<b>Ongoing training and competency</b>	<p>Practitioners must ensure they are up to date with relevant issues and clinical skills relating to mild inflammatory skin conditions, with evidence of appropriate Continued Professional Development (CPD).</p> <p>Pharmacists will be required to complete an annual Declaration of Competence via PharmOutcomes.</p>
<p><b><i>The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.</i></b></p>	

#### 4. Clinical condition or situation to which this PGD applies

<b>Clinical condition or situation to which this PGD applies</b>	Mild inflammatory skin conditions
<b>Criteria for inclusion</b>	<ul style="list-style-type: none"> <li>• Valid Informed consent</li> <li>• Children (under 16) should demonstrate competence under Gillick competency rules, or consent for treatment must be given by an adult with parental responsibility</li> <li>• Adults and children aged 10 years or over for use on the face presenting with acute dermatitis, mild eczema or insect bite reactions (use on other areas should be purchased OTC).</li> <li>• Children aged 1 to 9 years presenting with acute dermatitis, mild eczema (including on the face) or insect bite reactions</li> </ul>
<b>Criteria for exclusion</b>	<ul style="list-style-type: none"> <li>• No valid consent</li> <li>• Children under 1 year of age</li> <li>• Adults and children aged 10 years and over where licensed OTC treatments are available</li> <li>• Skin lesions caused by bacterial, fungal or viral skin infections e.g. cold sores, impetigo, chickenpox, acne, athletes foot or ringworm</li> <li>• Infected eczema (including cellulitis, weeping, rapidly worsening rash, fever)</li> <li>• Allergy to any component of the cream/ointment</li> <li>• Patients who have suffered any trauma to the area e.g. scratch, graze or bite (human or animal but not insect bite)</li> <li>• Patients who have already tried topical corticosteroid unsuccessfully</li> <li>• Application to broken skin, eye region e.g. eczema on the eyelids or ano-genital region</li> <li>• Pregnancy</li> </ul>
<b>Cautions including any relevant action to be taken</b>	<ul style="list-style-type: none"> <li>• As with all corticosteroids, prolonged application to the face is undesirable.</li> <li>• 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</li> </ul>
<b>Action to be taken if the patient is excluded</b>	<ul style="list-style-type: none"> <li>• Record reasons for exclusion and any action(s) taken</li> <li>• Advise patient on alternative treatment</li> <li>• Refer to a prescriber if appropriate (e.g. GP or NHS111/OOH services)</li> <li>• Give safety-netting advice</li> </ul>
<b>Action to be taken if the patient or carer declines treatment</b>	<ul style="list-style-type: none"> <li>• Document advice given and the decision reached</li> <li>• Advise patient on alternative treatment if appropriate</li> <li>• Refer to a prescriber if appropriate</li> <li>• Give safety-netting advice</li> </ul>
<b>Arrangements for referral for medical advice</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

## 5. Description of treatment

<b>Name, strength &amp; formulation of drug</b>	Hydrocortisone 1% cream Hydrocortisone 1% ointment
<b>Legal category</b>	Hydrocortisone 1% cream and hydrocortisone 1 % ointment are prescription-only medicines (POM).
<b>Route / method of administration</b>	Topical application to affected areas
<b>Indicate any off-label use (if relevant)</b>	Not applicable
<b>Dose and frequency of administration</b>	Apply cream sparingly once or twice a day
<b>Duration of treatment</b>	Use for a maximum of 7 days
<b>Quantity to be supplied</b>	Supply 1 x15g tube increasing to 2 x15g if widespread on the body
<b>Storage</b>	Stock must be stored in conditions in line with SPC, which is available from the electronic Medicines Compendium website: <a href="http://www.medicines.org.uk">www.medicines.org.uk</a> Do not store above 25°C
<b>Drug interactions</b>	None known  The SPC is available from the electronic Medicines Compendium website: <a href="http://www.medicines.org.uk">www.medicines.org.uk</a>
<b>Identification &amp; management of adverse reactions</b>	<p>Topical hydrocortisone preparations are usually well tolerated, but if any signs of hypersensitivity occur, application should stop immediately.</p> <p>Epidermal thinning, telangiectasia and striae may occur in areas of high absorption such as skin folds, the face and where occlusive dressings are used. Local atrophic changes may occur in intertriginous areas or in nappy areas in young children where moist conditions favour hydrocortisone absorption.</p> <p>Withdrawal reactions - redness of the skin which may extend to areas beyond the initial affected area, burning or stinging sensation, itch, skin peeling, oozing pustules.</p> <p>Side-effects applicable to systemic corticosteroids may also apply if absorption occurs following topical and local use. In order to minimise the side-effects of a topical corticosteroid, it is important to apply it thinly to affected areas only, no more frequently than twice daily, and to use the least potent formulation which is fully effective</p> <p>This list is not exhaustive. A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: <a href="http://www.medicines.org.uk">www.medicines.org.uk</a></p>
<b>Management of and reporting procedure for adverse reactions</b>	<ul style="list-style-type: none"> <li>Healthcare professionals and patients/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: <a href="https://yellowcard.mhra.gov.uk">https://yellowcard.mhra.gov.uk</a></li> </ul>

	<ul style="list-style-type: none"> <li>Record all adverse drug reactions (ADRs) in the patient's medical record (and inform the patient's GP)</li> <li>Report via organisation incident policy.</li> </ul>
<p><b>Written information to be given to patient or carer</b></p>	<p>Give marketing authorisation holder's patient information leaflet (PIL) provided with the product.</p>
<p><b>Patient advice / follow up treatment</b></p>	<ul style="list-style-type: none"> <li>Explain treatment, course of action and potential side-effects</li> <li>The individual/carer should be advised to seek medical advice in the event of an adverse reaction.</li> <li>Advise the patient/carer to read the manufacturer's patient information leaflet</li> <li>Advise the patient/carer to apply an appropriate quantity of cream or ointment (fingertip units (FTU)) thinly on the skin to cover the affected area. The approximate amount of hydrocortisone cream/ointment that should be applied to adults and children using FTU can be found on CKS (<a href="#">Scenario: Topical treatment   Management   Corticosteroids - topical (skin), nose, and eyes   CKS   NICE</a>)</li> <li>If any signs of hypersensitivity develop, application should stop immediately</li> <li>Wash hands before and after using the cream</li> <li>If a causative agent has been identified advise the person that avoidance of the stimulus is the most important element of treatment and prevention of recurrent episodes.</li> <li>Do not cover the area with a dressing or plaster</li> <li>Be careful to avoid getting the cream or ointment in the eyes</li> <li>Advise patients on emollients if necessary (which the patient may purchase over the counter). Refer to <a href="#">13.1 Dry and scaling skin disorders (Remedy BNSSG ICB)</a></li> <li><a href="#">?Formulary</a>. Advise on continued long term emollient use where appropriate to decrease the need for future topical corticosteroids <ul style="list-style-type: none"> <li>Advise the person/carer they must not smoke, use naked flames (or be near people who are smoking or using naked flames), or go near anything that may cause a fire while emollients are in contact with clothing or bedding</li> <li>Do not advise use of aqueous cream as it is thought to cause a disproportionate amount of skin reactions</li> </ul> </li> <li>All patient/carers must be given appropriate safety-netting advice – to consider the exclusion criteria, if no better after 7 days of treatment to seek medical advice</li> </ul>
<p><b>Records</b></p>	<p>Record:</p> <ul style="list-style-type: none"> <li>that valid informed consent was given</li> <li>name/signature of individual, address, date of birth and GP with whom the individual is registered (if relevant)</li> <li>name of registered health professional</li> <li>name and brand of medication supplied/administered</li> <li>date of supply/administration</li> <li>dose, form and route of supply/administration</li> <li>quantity supplied/administered</li> <li>batch number and expiry date (if applicable)</li> <li>advice given, including advice given if excluded or declines treatment</li> <li>details of any adverse drug reactions and actions taken</li> </ul>

	<ul style="list-style-type: none"> <li>• supplied via Patient Group Direction (PGD)</li> <li>• Referral arrangements (including self-care)</li> <li>• Label the pack being supplied appropriately</li> </ul> <p><b><i>Records should be signed and dated (or a password controlled e-records).</i></b> <b><i>All records should be clear, legible and contemporaneous.</i></b> <b><i>A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.</i></b></p>
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## 6. Key references

<b>Key references</b>	<ul style="list-style-type: none"> <li>• Electronic Medicines Compendium <a href="http://www.medicines.org.uk/">http://www.medicines.org.uk/</a></li> <li>• Electronic BNF <a href="https://bnf.nice.org.uk/">https://bnf.nice.org.uk/</a></li> <li>• NICE Medicines practice guideline “Patient Group Directions” <a href="https://www.nice.org.uk/guidance/mpg2">https://www.nice.org.uk/guidance/mpg2</a></li> <li>• Clinical Knowledge Summaries <a href="#">CKS   NICE</a></li> </ul>
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## 7. Registered health professional authorisation sheet

**CommPharm Hydrocortisone v3      Valid from: April 25      Expiry: March 2028**

Before signing this PGD, check that the document has had the necessary authorisations in section 2. Without these, this PGD is not lawfully valid.

### Registered health professional

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 (if applicable)

I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of <b>INSERT NAME OF ORGANISATION</b> for the above named health care professionals 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 health professionals to prevent additions post managerial authorisation.

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