1. **Introduction**

1.1 The objective of the assessment and treatment of Impetigo in adults and children aged over 2 years, by means of a patient group direction (PGD) for fusidic acid cream 2%, is to provide a timely and appropriate service for patients in the treatment of their condition and to identify patients who need onward referral to other NHS services.

1.2 Treatment on the NHS will be provided to patients who meet the criteria set out in the PGD and who wish to receive care following assessment by a community pharmacist.

2. **Background to the Service**

2.1 Unscheduled care services are coming under increasing pressure to deliver timely and appropriate care to patients. Recent public education programmes have focused on directing patients to the most appropriate route of care to manage their condition.

2.2 A significant percentage of GP practice consultations are for patients with impetigo.

3. **Service aims**

3.1 To provide timely and appropriate access to treatment for minor staphylococcal skin infection (Impetigo) in patients over the age of 2 years.

3.2 To provide triage and onward professional to professional referral of patients with symptoms outside of the criteria for treatment of impetigo in patients over the age of 2 as defined in the PGD.

3.3 To provide services with the appropriate assurances of antibiotic stewardship.

4. **Service outline and standard**

4.1 An impetigo treatment service is available on the basis of assessment and locally agreed criteria.

4.2 The client’s eligibility for impetigo treatment will be assessed in accordance with national and local guidance.

4.3 The community pharmacy contractor will be responsible for the provision of advice (both written and verbal) to the patient as appropriate.
4.4 A seven day course of fusidic acid cream 2% will be available, as required, to any patient who meets the inclusion criteria contained within the Patient Group Direction (PGD)

4.5 The community pharmacy contractor will be responsible for writing a CPUS prescription to allow supply. The contractor should enter the patient’s registered GP onto the CPUS form.

4.6 The community pharmacy contractor will be responsible for referring patients who are excluded from treatment under the PGD and local protocol to other service providers where appropriate, e.g. GP or BECS.

4.7 The community pharmacy contractor will maintain patient medication records of the episodes of care.

4.8 The community pharmacy contractor will be responsible for the provision of a user-friendly, client-centred, non-judgemental and confidential service.

4.9 The community pharmacy contractor providing the service will ensure that the premises used for the patient consultation meet the standards agreed with NHS Borders.

4.10 The Pharmacy Contractor will notify the patient’s General Practitioner where they have supplied their patient with fusidic acid cream 2% by means of a notification of supply form (Appendix 2).

4.11 The community pharmacy contractor will display material within the pharmacy advertising the service.

4.12 The community pharmacy contractor will be responsible, where appropriate, for counselling the client on other related messages. Written information should also be available on these topics.

Community pharmacies providing an impetigo assessment and treatment service must also ensure that they have:

4.13 Adequate staff provision to ensure dispensary functions and pharmaceutical services are not compromised due to the service.

4.14 Appropriate administrative support to undertake initial discussions with potential patients and assist with form filling.

4.15 Have indemnity cover for staff involved in the service delivery.

5. Training requirement

5.1 The community pharmacy contractor will ensure that staff involved in delivering the scheme, complete the NES training pack and participate in any local training programme (including update training) as identified by NHS Borders in accordance with agreed local standards. https://learn.nes.nhs.scot/
5.2 The community pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local guidelines.

6. Claims and Payment

6.1 Fees will be paid for the impetigo treatment service as defined by NHS Borders.

6.2 Payment for service provision shall be made on the submission of a fully completed NHS Borders claim form.

6.3 Information for audit and evaluation purposes may also be requested and must be completed otherwise payment from NHS Borders may be withheld.

6.4 The payment terms of this service specification may be revised in line with the national roll out of the service. NHS Borders shall give the contractor 4 weeks notice of any changes to the payment terms.

7. Monitoring and evaluation

7.1 It is a requirement of the service that appropriate records are kept and maintained by the community pharmacy contractor to enable verification of service provision and training requirements and provide information to NHS Borders for internal and external audit and evaluation purposes.

7.2 A standard operating procedure should be in place in the pharmacy and cover all aspects of service provision.

8. Pharmacy premises criteria

Community pharmacies providing an impetigo treatment service must have a private, enclosed consultation area suitable within the community pharmacy. Key requirements are:

- Chair(s)
- Wheelchair/disabled access
- Safe storage of documentation

Background information

a) RPS Medicines, Ethics and Practice (current edition)
b) NHS Borders Data Protection and Confidentiality Policy for personal information
c) NES Child Protection Distance Learning Resource Pack
d) NHS Borders Patient Group Direction for Fusidic acid cream 2% to treat minor staphylococcal skin infections (Impetigo)

Acknowledgements - Adapted by NHS Borders based on documents produced by NHS Forth Valley and NHS Lothian
## Appendix 1

### Contract agreement

**Pharmaceutical services**

**Additional services**

### ASSESSMENT AND TREATMENT OF MINOR STAPHYLOCOCCAL SKIN INFECTION (IMPETIGO)

<table>
<thead>
<tr>
<th>NHS Borders Representative</th>
<th>Signature</th>
<th>Name (block capitals)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Adrian Mackenzie</td>
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<table>
<thead>
<tr>
<th>Contractor Representative</th>
<th>Signature</th>
<th>Name (block capitals)</th>
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<th>Trading name of pharmacy</th>
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<thead>
<tr>
<th>Contractor Code</th>
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<th>Review Date (new financial year)</th>
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This contract agreement includes sections for the NHS Borders Representative and the Contractor Representative, detailing the assessment and treatment of minor staphylococcal skin infection (Impetigo) and signing names as Adrian Mackenzie. The contractor's code and date are also provided.
Appendix 2
Notification of Treatment of Impetigo Infection with Fusidic Acid 2% Cream through Community Pharmacy

Date: [ ] [ ] [ ]

CONFIDENTIAL WHEN COMPLETED:
Data protection confidentiality note: This message is intended only for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

GP name: [ ]
GP practice address: [ ]

The following patient has attended this pharmacy for assessment and treatment of a minor staphylococcal infection.

Patient name: [ ]
Date of Birth: [ ] [ ] [ ]
CHI: (If available) [ ]
Patient address: [ ]

Postcode: [ ]

(Tick as appropriate)
Following assessment your patient: Has been given a 15g tube of fusidic acid 2% cream [ ]
Has been referred for treatment to (state) [ ]

Your patient has been advised to contact the practice if symptoms fail to resolve following treatment. You may wish to include this information in your patient records.

Patient consent: I can confirm that the information provided is a true reflection of my individual circumstances and I give my consent to allow an NHS Borders Pharmacist to provide the most appropriate advice and/or treatment for me. I also give my permission to allow the pharmacist to pass, to my own GP, details of this consultation and any advice given or treatment provided. I have been advised that some of the information may be used to assess the uptake of the service but that this will be totally anonymous and not be attributable to any individual patient.

Patient signature: [ ] Date: [ ] [ ] [ ]

Pharmacy stamp: [ ]
### Treatment of Impetigo

**PATIENT ASSESSMENT PROFORMA** – to be completed by the pharmacist

<table>
<thead>
<tr>
<th><strong>PATIENT NAME:</strong></th>
<th><strong>ADDRESS:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DATE OF BIRTH:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>CHI NUMBER:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>DATE OF CONSULTATION:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PATIENT’S GP PRACTICE:</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Notes</strong></th>
<th><strong>Yes</strong></th>
<th><strong>No</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is patient aged 2 or older?</td>
<td>If No, refer</td>
<td></td>
</tr>
<tr>
<td>Does the rash consist of vesicles which weep and form yellow / brown crusts?</td>
<td>If No, consider other diagnosis and refer if appropriate</td>
<td></td>
</tr>
<tr>
<td>Is the rash limited to a few lesions on one area of the body?</td>
<td>If No, refer</td>
<td></td>
</tr>
<tr>
<td>Has the patient been treated for impetigo within the last 3 months?</td>
<td>If Yes, refer</td>
<td></td>
</tr>
<tr>
<td>Are there other skin conditions in the same area?</td>
<td>If Yes, refer</td>
<td></td>
</tr>
<tr>
<td>Is the patient taking any other medication? See current BNF for interactions</td>
<td>If Yes, review potential interactions and clinical significance. Refer if necessary.</td>
<td></td>
</tr>
<tr>
<td>For female patients of child bearing age (&gt; 13): is patient breastfeeding?</td>
<td>If Yes, advice in SPC is to avoid applying topical Fusidic acid on the breast. Use clinical judgement to decide if supply is appropriate.</td>
<td></td>
</tr>
<tr>
<td>Any other exclusion criteria – see PGD</td>
<td>If Yes, refer</td>
<td></td>
</tr>
<tr>
<td>Does the patient appear systemically unwell?</td>
<td>If Yes, refer</td>
<td></td>
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</table>

**Advice checklist**

- Advice on potential transmission and hygiene measures
- Advice on method and frequency of application including need to avoid eye contact
- Advice on side effects of fusidic acid
- Advice on seeking medical advice if uncontrolled or if worsening symptoms

The above information is correct to the best of my knowledge. I have been counselled on the use of fusidic acid cream and understand the advice given to me by the pharmacist.

**Patient signature:**

### Treatment

A supply should only be made if you are certain that to the best of your knowledge, it is appropriate.

<table>
<thead>
<tr>
<th><strong>Fusidic acid cream 2%</strong></th>
<th><strong>Advice only</strong></th>
<th><strong>Refer</strong></th>
<th><strong>Give details:</strong></th>
</tr>
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The action specified was based on the information given to me by the patient, which to the best of my knowledge is correct.

**Pharmacist signature:**
Appendix 3

SUPPORTING INFORMATION

THE COMMON SYMPTOMS

Non-bullous impetigo
- Usually occurs around the nose and mouth
- Appears as red sores which burst leaving behind golden crusts typically 2cm across.
- Sores are not usually painful but can be itchy

Bullous impetigo
- Begins with appearance of fluid filled blisters which usually occur on the central part of body between waist and neck.
- Blisters are usually 1-2 cm across
- Once burst they leave a yellow crust
- Blister may be painful and the area of skin may be itchy

WHAT THE PGD STATES
- Minor skin infection 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.
- See PGD for all exclusion criteria

WHAT ELSE COULD IT BE?
- Chicken pox
- Allergic reaction
- Cold sores

WHAT YOU NEED TO KNOW
- Age
- Exact symptoms, how long, severity?
- Have they had this before and when? Recent treatment?
- Medication(s) being taken
- Problems with ANY medication
- Are they generally well otherwise

WHAT YOU NEED TO DO IF IMPETIGO IS CONFIRMED BY PRESENTATION OF SYMPTOMS
- Ask if okay to use Fusidic Acid cream
- Remind them to read the leaflet
- Dose reminder
- Advice regarding good hygiene measure to prevent spread.
- Complete notification of treatment form for supply
- Send copy of notification of treatment form to GP
- Write CPUS for supply

WHAT ADVICE YOU NEED TO GIVE
- Wash hands before and after applying cream
- Where possible remove scabs by bathing in warm water before applying the cream
- Impetigo is very infectious, prevent spread by using own flannels and towels (hot wash after use)
- Do not scratch or pick spots
- Contact GP or NHS 24 if symptoms do not improve after 5 days or spread