



National reference:
CYM-24020

Local reference:
PGD 0213A

Community Pharmacy Common Ailment Service Patient Group Direction

for the supply of

clobetasone 0.05% w/w cream or ointment 30 g

in [Powys Teaching Health Board]

Operational from: 01 November 2024

Review Date: 30 June 2027

Expiry Date: 31 October 2027

Version number: 2.0

PGD for the supply of clobetasone 0.05% w/w cream or ointment for the treatment of symptoms associated with dry skin by pharmacists delivering the Common Ailment Service component of the Clinical Community Pharmacy Service

Reference: Clobetasone 0.05% w/w cream or ointment PGD
 Version no: 2.0
 Valid from: 01 November 2024
 Review date: 30 June 2027
 Expiry date: 31 October 2027

Welsh Medicines Advice Service has developed this PGD for local authorisation

Those using this PGD must ensure that it is authorised by the Local Health Board in which they are operating and signed in section 2 by an appropriate authorising person, relating to the class of person by whom the product is to be supplied, in accordance with the Human Medicines Regulations 2012 (HMR2012)¹. **THE PGD IS NOT LEGAL OR VALID WITHOUT SIGNED AUTHORISATION IN ACCORDANCE WITH HMR2012 SCHEDULE 16 Part 2.**

Authorising organisations must not *alter, amend* or *add* to the *clinical* content of this document. Such action will invalidate the *clinical sign-off* with which it is provided.

As operation of this PGD is the responsibility of service providers, the authorising organisation can decide which staff groups, in keeping with relevant legislation, can work to the PGD.

INDIVIDUAL PRACTITIONERS MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.

Practitioners and organisations must check that they are using the current version of the PGD. Amendments may become necessary prior to the published expiry date.

Any queries regarding the clinical content of this PGD should be addressed to: welshmedicines.information@wales.nhs.uk

Change history:

Version number	Change details	Date
1.0	Original PGD template developed	09 February 2023
2.0	PGD reviewed and updated to align with other national templates Inclusion criteria and dose amended to align with recommendations in the associated CAS dry skin formulary monograph Minor rewording and formatting	09 May 2024



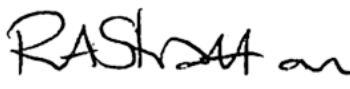
¹ this includes any relevant amendments to legislation (e.g. [2013 No.235](#), [2015 No.178](#) and [2015 No.323](#)).

1. PGD development

This PGD has been developed by the following health care professionals on behalf of NHS Wales.

This section MUST REMAIN when a PGD is adopted by an organisation

PGD Development

Name	Designation	Signature
Main author – Dianne Burnett	National Lead Pharmacist Medicines Advice. Welsh Medicines Advice Service, Cardiff and Vale UHB	
Expert reviewer – Richard Evans	Community Pharmacy Advisor, Aneurin Bevan UHB	
Expert reviewer - Richard Stratton	Deputy Medical Director, Powys Teaching Health Board	

This PGD has been peer reviewed by the Community Pharmacy Clinical Advisory Group (CPCAG) in accordance with the WMAS PGD Policy and ratified by the All Wales PGD Advisory Board.

Expert Panel – Community Pharmacy Clinical Advisory Group

Name	Designation
Adam Mackridge	Strategic Lead Pharmacist for Community Pharmacy, Betsi Cadwallader UHB and Chair of Community Pharmacy Clinical Reference Group.
Louise Allen	Head of Community Pharmacy, Primary, Community and Intermediate Care. Cardiff and Vale UHB.
Amy David	Primary Care Pharmacist, Swansea Bay UHB.
Emlyn Pritchard	Head of Primary Care Medicines Management, Powys THB.
Jason Carroll	Pharmacy Team Leader – Community Services, Cwm Taf Morgannwg UHB.
Carys James	Community Pharmacy Facilitator, Cwm Taf Morgannwg UHB.
Dianne Burnett	National Lead Pharmacist Medicines Advice. Welsh Medicines Advice Service, Cardiff and Vale UHB.
Meryl Davies	Lead Antimicrobial Pharmacist Primary and Community Care, Health Protection Team, Public Health Wales.
Rachel James	Advanced Pharmacist, Community and Practice Development, Hywel Dda UHB.
Richard Evans	Community Pharmacy Advisor, Aneurin Bevan UHB.
Anna Burgess	Digital Lead Pharmacist, Welsh Medicines Advice Service, Cardiff and Vale UHB.

Date CPCAG approval of PGDs: 16 September 2024

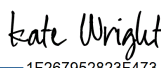
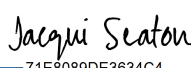


Date All Wales PGD Advisory Board ratification: 18 September 2024

2. Organisational authorisations

The PGD is not legally valid until it has had the authorisation of the Local Health Board in which the community pharmacy using it operates.

It is the responsibility of the Local Health Board, to ensure that all legal and governance requirements are met. The Local Health Board accepts governance responsibility for the appropriate use of the PGD.

Powys Teaching Health Board authorises this PGD for use by community pharmacies within its area that have been commissioned to provide the Common Ailments Service component of the Clinical Community Pharmacy Service. This authorisation is limited to those pharmacists that meet the requirements set out within the PGD.

Local Health Board approval (legal requirement) as per health board policy			
Role	Name	Sign	Date
Lead Doctor for PTHB	Dr Kate Wright	DocuSigned by:  1F267952823F473...	10/7/2024
Chief Pharmacist	Jacqui Seaton	Signed by:  71E8089DE3634C4...	9/30/2024
Clinical Governance Lead for PTHB	Amanda Edwards	DocuSigned by:  74A4E51A42E9473...	10/8/2024
Senior Pharmacist Lead for Community Pharmacies PTHB	Emlyn Pritchard	DocuSigned by:  EB776BA7283F49B...	9/30/2024

Local enquiries regarding the use of this PGD may be directed to: welshmedicines.information@wales.nhs.uk

[Appendix B](#) provides a practitioner listing sheet. Individual practitioners must be listed by name to work to this PGD. Alternative practitioner listing sheets may be used where appropriate in accordance with local policy, but this should be an individual agreement or a multiple practitioner listing sheet as included at the end of this PGD.

Retention statement

The final authorised copy of this PGD should be kept by the authorising organisation completing section 3 for 8 years after the PGD expires if the PGD relates to adults only, and for 25 years after the PGD expires if the PGD relates to children only or adults and children.

Provider organisations adopting authorised versions of this PGD should also retain copies for the periods specified above.

3. Characteristics of Staff

<p>Qualifications and professional registration</p>	<p>This PGD is for use by pharmacists currently registered with the General Pharmaceutical Council (GPhC).</p>
<p>Additional requirements</p>	<p>Pharmacists must:</p> <ul style="list-style-type: none"> ➤ be employed by, or providing services on behalf of a pharmacy listed in the All Wales Pharmacy Database (AWPD) for the Clinical Community Pharmacy Service. ➤ be authorised by name as an approved practitioner under the current terms of this Patient Group Direction before working to it by completing Appendix B. ➤ be familiar with the medicine and alert to changes in the Summary of Product Characteristics (SmPC). ➤ have access to the Patient Group Direction and associated resources (including the service specification and the clinical guidance document supporting the PGD) and must be competent in the use of PGDs (see NICE Competency framework for health professionals using PGDs). ➤ be named in the All Wales Pharmacy Database for the Common Ailment component of the Clinical Community Pharmacy Service. ➤ have met the training requirements for the service as published by HEIW (Health Education and Improvement Wales). ➤ be familiar with the British National Formulary (BNF) and SmPC entries for clobetasone 0.05% w/w cream or ointment. ➤ have awareness of the adverse drug reactions associated with clobetasone 0.05% w/w cream or ointment. <p>The pharmacist must be listed by name, under the current version of this PGD that has been issued by the local health board in which area they are operating before working under its authority.</p>
<p>Ongoing training and competency</p>	<p>Pharmacists must:</p> <ul style="list-style-type: none"> ➤ undertake regular CPD and maintain own level of competence and knowledge in this clinical area to provide the service. ➤ be aware of any updates made to the products in the SmPC and BNF. ➤ be aware of any updates to relevant national and local guidelines. ➤ as registered professionals, be professionally accountable and must work within their competence. <p>A record of any training and competency assessments undertaken must be maintained.</p>

4. Clinical condition

<p>Clinical condition or situation to which this PGD applies</p>	<p>For the treatment of symptoms relating to dry skin and dermatitis in accordance with the community pharmacy Common Ailment Service (CAS) component of the Clinical Community Pharmacy Service (CCPS).</p>
<p>Inclusion criteria</p>	<p>Clobetasone 0.05% w/w cream or ointment can be supplied to:</p> <p>Individuals aged 12 years and over, presenting with an acute flare of moderate eczema where they may present with the following symptoms:</p> <ul style="list-style-type: none"> ○ areas of dry skin. ○ frequent itching. ○ redness which may appear darker red or purple coloured with deeper skin tones (with or without excoriation and localised skin thickening). ○ inflammation. <p>and:</p> <ul style="list-style-type: none"> ➤ they have no contraindications to clobetasone 0.05% w/w cream or ointment – see SmPC. ➤ informed consent has been given (patient, parent/guardian, carer). <p>NB: to work effectively it is recommended clobetasone 0.05%w/w cream or ointment is used alongside an emollient. See patient or carer advice section.</p>
<p>Exclusion criteria²</p> <p>(continued over page)</p>	<p>Clobetasone 0.05% w/w cream or ointment should not be supplied:</p> <ul style="list-style-type: none"> ➤ if eczema herpeticum (widespread herpes simplex virus) is suspected. ➤ if the pharmacist is unsure of the diagnosis. ➤ to individuals with widespread areas of dry skin, incessant itching and redness (with or without excoriation, extensive skin thickening, bleeding, oozing, cracking and alteration of pigmentation). ➤ to individuals with ulcerative conditions (e.g. chronic leg ulcer). ➤ for the treatment of confirmed or diagnosed psoriasis. ➤ to individuals who are immunocompromised including those who are at risk of manifestations of hypercortisolism (Cushing’s syndrome) and hypothalamic pituitary adrenal (HPA) axis suppression leading to glucocorticosteroid insufficiency. ➤ for use under occlusive dressings or bandages. ➤ for application to a large surface area; widespread flare needing quantities more than that authorised by the PGD would necessitate a visit to the GP instead (e.g. individuals requiring more than 30 g of

² Exclusion under this PGD does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation for supply will be required.

<p>Exclusion criteria (continued)</p>	<p>clobetasone 0.05% w/w cream or ointment to manage their condition for 7-14 days).</p> <ul style="list-style-type: none"> ➤ if the intended use is for longer than 14 days. ➤ for use on the face, head and neck, axillae or groin and genitalia. ➤ for use on broken skin or other conditions where the skin barrier may be impaired e.g. rosacea, acne vulgaris. ➤ to individuals with signs of an untreated bacterial, viral or fungal infection of the skin (if eczema is weeping, crusted, or there are pustules with fever or malaise). ➤ if the individual appears systemically unwell. ➤ for areas of pruritus without inflammation. ➤ if an individual appears to be experiencing psychological effects from the presenting ailment for example: impact on daily activities, attendance at school and disturbed sleep. ➤ if an individual is pregnant. ➤ if an individual has tried appropriate treatment for 7-14 days in the current episode and symptoms persist. ➤ if an individual has multiple recurrent episodes which fall outside maximum issues in a 12-month period. ➤ in individuals with known hypersensitivity to clobetasone 0.05% w/w cream or ointment or any of the excipients – see SmPC. ➤ if informed consent has not been given; where patients do not agree to share relevant clinical information or there is no valid consent. ➤ to an individual who the pharmacist has assessed as not having capacity to understand the nature and purpose of treatment. ➤ where a request has been made by a third party on behalf of a patient.
<p>Cautions (including relevant actions to be taken) (continued over page)</p>	<p>Refer to the SmPC and BNF for clobetasone 0.05% w/w cream or ointment for full details of special warnings and precautions for use.</p> <ul style="list-style-type: none"> ➤ Some preparations of clobetasone 0.05% w/w cream may contain cetostearyl alcohol which may cause local skin reactions, and chlorocresol, which may cause allergic reactions. ➤ Clobetasone 0.05% w/w cream or ointment may be irritating to the eyes. Contact with the eyes should be avoided. In case of accidental contact with the eyes, rinse eyes thoroughly with running water. ➤ If being used in a breastfeeding individual and the cream or ointment needs to be applied to the chest area, it should be washed off prior to feeding the baby. ➤ Clobetasone 0.05% w/w cream or ointment should normally be applied 15-30 minutes after an emollient. If individual preference is to apply clobetasone before an emollient, the individual should allow adequate time for the absorption of clobetasone, at least 15-30 minutes before or after applying any other cream or ointment such as an emollient.

<p>Cautions (including relevant actions to be taken) (continued)</p>	<ul style="list-style-type: none"> ➤ While undergoing treatment with clobetasone 0.05% w/w cream or ointment, individuals should not smoke or go near naked flames due to risk of severe burns. Fabric (clothing, bedding, dressings etc.) that has been in contact with this product burns more easily and is a serious fire hazard. Washing clothing and bedding may reduce product build-up but not totally remove it. ➤ Occlusive dressings should not be used on the treated area as this can considerably increase the degree of systemic absorption. ➤ Fingertip unit advice for corticosteroid use found in the BNF should be adhered to in order to avoid overuse of the cream or ointment and subsequent potential adverse effects. <p>See also drug interactions section below for additional cautions.</p>
<p>Action to be taken if the individual is excluded or declines treatment</p>	<ul style="list-style-type: none"> ➤ If the patient meets the exclusion criteria, refer to a medical practitioner or appropriate independent prescriber. The urgency with which a referral needs to be made is based on the presenting symptoms following clinical examination. ➤ Explain the reasons for exclusion to the individual and document in the consultation record. ➤ If the individual declines, advise of the consequences of not receiving treatment and document the advice given and details of any referral made and their (patient, parent / carer or guardian) intended actions. ➤ Where there are safeguarding concerns, seek advice from local safeguarding services. ➤ If appropriate, patients may be offered a suitable alternative treatment or provided with advice and symptomatic treatment from the All Wales Common Ailments Service Formulary. Alternatively, refer the individual to their GP if appropriate.
<p>Further advice</p>	<p>If there is any doubt about the administration of the medication or patient's fitness or suitability to receive the medication, a Doctor or appropriate Independent Prescriber should be consulted.</p> <p>Further information can be found in the SmPC, BNF and the All Wales Common Ailments Service Formulary.</p>

5. Description of treatment

Name, strength & formulation of drug	Clobetasone 0.05% w/w cream Clobetasone 0.05% w/w ointment
Legal category	Clobetasone 0.05% w/w cream Clobetasone 0.05% w/w ointment Prescription Only Medicine (POM)
Black triangle▼	No
Off-label use	No
Route / method of administration	Topical. For external cutaneous use only. Apply thinly and gently rub in using only enough to cover the affected area.
Dose and frequency of administration	Apply thinly ONCE daily for SEVEN days. <ul style="list-style-type: none"> ➤ Once flare is controlled continue for a further 48 hours. ➤ If response is inadequate, increase to TWICE daily.* ➤ If there is significant improvement, but not fully resolved, continue for up to a further 7 days, (MAXIMUM DURATION OF FOURTEEN DAYS). ➤ If resolved entirely, stop treatment. ➤ If condition worsens or there are no signs of improvement within the 7 days refer the individual to their GP. <p>* Twice daily application can also be advised if an individual knows they need twice daily application to manage a flare-up.</p> <p>N.B. Widespread flare requiring quantities more than that authorised by the PGD would necessitate a visit to the GP instead of supply under the PGD.</p>
Duration of treatment	This PGD only allows for the duration stated in the dosage schedule above.
Quantity to be supplied	1 x 30 g pack to provide 7 - 14 days treatment at a dose of ONCE or TWICE* daily application. If a patient presents with symptoms that requires a quantity > 30 g to manage the condition for 7-14 days), no supply should be made under this PGD and the patient should be referred to an appropriate primary care prescriber (e.g. GP). Note: <ul style="list-style-type: none"> ➤ As a general rule, the quantities of topical corticosteroid required to treat a flare of eczema for the maximum period of 14 days in an adult applying steroids once daily are listed below:

(continued over page)

<p>Quantity to be supplied (continued)</p>	<p>Area to be treated</p>	<p>Total quantity needed</p>
	<p>Both hands</p>	<p>30g</p>
	<p>Both arms</p>	<p>30-60g (if 60g needed – refer to GP)</p>
	<p>Both legs</p>	<p>100g – refer to GP</p>
	<p>Trunk</p>	<p>100g – refer to GP</p>
<p>➤ Quantities for face and neck, head and, groin and genitalia have not been included as these areas are excluded from the scope of this PGD.</p> <p>Fingertip-units (FTU)</p> <p>➤ A guide to application quantity can be expressed in fingertip units. One fingertip unit = the distance from the tip of an adult index finger to the first crease of the finger joint.</p> <p>➤ One fingertip unit (approximately 500 mg from a tube with a standard 5 mm diameter nozzle) is sufficient to cover an area that is twice that of the flat adult handprint (palm and fingers).</p> <p>➤ Two FTUs is approximately 1 gram of topical steroid.</p> <p>* Twice daily application can be advised if an individual knows they need twice daily application to manage a flare-up.</p>		
<p>Drug interactions</p>	<p>The following list is not exhaustive. A detailed list of drug interactions can be found in the SmPC and the BNF.</p> <p>Cautions</p> <p>➤ The SmPC for clobetasone 0.05% w/w cream or ointment states co-administered drugs that can inhibit CYP3A4 (e.g. ritonavir, itraconazole) have been shown to inhibit the metabolism of corticosteroids, leading to increased systemic exposure. The extent to which this interaction is clinically relevant depends on the dose and route of administration of the corticosteroids and the potency of the CYP3A4 inhibitor.</p> <p>➤ No interactions are listed in the BNF for clobetasone 0.05% w/w cream or ointment.</p> <p>➤ Pharmacological studies in man and animals have shown that clobetasone butyrate has a relatively high level of topical activity accompanied by a low level of systemic activity.</p> <p>N.B. Prior to issuing medication, please refer to the SmPC and the BNF to check that there has been no changes to the potential interactions listed above.</p>	

Identification & management of adverse reactions

Advise the patient that if any of the following side effects occur, discontinue treatment immediately and contact the emergency department or dial 999:

- allergic reactions such as sudden wheeziness, difficulty with breathing, speaking and swallowing.
- swelling of the eyelids, face or lips.
- rash or itching (especially affecting your whole body).

The following side effects have been reported by patients using clobetasone:

Very rare (affecting less than 1 in 10000 patients)

- Opportunistic infection.
- Generalised rash and hypersensitivity.
- Hypothalamic-pituitary adrenal (HPA) axis suppression:
 - cushingoid features (e.g. moon face, central obesity).
 - delayed weight gain / growth retardation in children.
 - osteoporosis.
 - glaucoma.
 - hyperglycaemia / glucosuria.
 - cataract.
 - hypertension.
 - increased weight / obesity.
 - decreased endogenous cortisol levels.
- Skin and subcutaneous tissue disorders:
 - allergic contact dermatitis.
 - urticaria.
 - exacerbation of underlying symptoms.
 - local skin burning.
 - hypertrichosis.
 - rash.
 - pruritus.
 - erythema.
 - skin atrophy.*
 - pigmentation changes.*

* secondary to local and/or systemic effects of hypothalamic-pituitary adrenal (HPA) axis suppression.

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Patient or carer advice/follow up

(continued)

- The inflammation usually appears to improve within a few days of starting to use the cream or ointment.
- If too much cream or ointment is squeezed out of the tube, wipe off the excess with a paper towel.
- Clobetasone 0.05% w/w cream or ointment should normally be applied 15-30 minutes AFTER an emollient. If individual preference is to apply clobetasone first, the individual should allow adequate time for the absorption of clobetasone, at least 15-30 minutes before applying any other cream or ointment such as an emollient.
- Unless you are meant to apply the cream or ointment to your hands as part of the treatment, wash them again after using the preparation.
- Do not use the cream or ointment under airtight dressings (such as plasters), as too much clobetasone may be absorbed and may result in adverse effects upon adrenal gland function.
- If a dose of clobetasone cream or ointment is forgotten, apply it as soon as possible and carry on as before. If it is 3 hours or less until the next application, then ignore the missed dose.
- If the affected area becomes weepy or infected, stop using the cream or ointment and seek the advice of a GP.

Fingertip-units

The table below is a guide only, a little more or less may be needed:

Area to be treated	Number of FTU
Back (including buttocks)	7
Torso (front)	7
One arm (not including the hand)	3
Both sides of one hand	1
One leg (not including foot)	6
One foot	2

One fingertip unit (approximately 500 mg from a tube with a standard 5 mm diameter nozzle) is sufficient to cover an area that is twice that of the flat adult handprint (palm and fingers).

One fingertip unit = the distance from the tip of an adult index finger to the first crease of the finger joint.

Prevention of dry skin: emollients

- To control dry skin, it is better to prevent it spreading/flaring up by regular and liberal application of emollients. This will preserve the skin barrier.

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<p>Patient or carer advice/follow up (continued)</p>	<ul style="list-style-type: none"> ➤ Frequency of application depends on the severity of the condition. For very dry skin, application of an emollient every 2–3 hours is recommended. ➤ Use emollients during or after washing. If used during washing, the bath / shower will become slippery so extreme care must be taken not to fall. ➤ Dry the skin after washing and apply the emollient while the skin is still moist. ➤ Smooth emollients into the skin along the line of hair growth, rather than rubbing them in. <p>General tips and advice</p> <ul style="list-style-type: none"> ➤ Keep nails short and avoid scratching the area. ➤ Avoid trigger factors if possible. ➤ Avoid soaps, detergents and bubble bath when washing as they can damage the skin. ➤ Visual disturbance (usually with long term use) may be reported with systemic and topical corticosteroid use. If a person presents with symptoms such as blurred vision or other visual disturbances, they should be considered for referral to an ophthalmologist for evaluation of possible causes which may include cataract, glaucoma or rare diseases such as central serous chorioretinopathy (CSCR) which have been reported after use of systemic and topical corticosteroids. ➤ If any side effects are experienced, talk to the doctor, pharmacist or nurse and report any suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) by using the Yellow Card reporting scheme. This includes any possible side effects not listed in the PIL. ➤ Seek medical advice if the condition deteriorates and/or they become systemically unwell. ➤ To read the marketing authorisation holder's patient information leaflet (PIL) supplied. ➤ To visit the NHS website on dry skin for more information.
<p>Records</p>	<p>The consultation details including any medication supplied under this PGD must be recorded in Choose Pharmacy at the time of the consultation. Where the Choose Pharmacy platform is not available, temporary records must be made using the paper-based consultation record. Paper based records must be transferred into Choose Pharmacy as soon as practically possible following the consultation.</p> <p>If the patient is excluded, a record of the reason for exclusion and any specific advice that has been given must be documented within the consultation notes.</p>

Appendices

Appendix A: Key references

- All Wales Medicines Strategy Group. All Wales Common Ailments Formulary. August 2023. Available from: <https://awttc.nhs.wales> [accessed 09 May 2024]
- British National Formulary (BNF) – current edition. Available from: <https://bnf.nice.org.uk/> [accessed 09 May 2024]
- Summary Product Characteristics (SmPC). Available from: <https://www.medicines.org.uk/emc/> [accessed 09 May 2024]
- National Institute for Health and Care Excellence (NICE). Patient group directions [MPG2]: Competency framework for health professionals using patient group directions. Updated March 2017. Available from: <https://www.nice.org.uk/guidance/mpg2/resources> [accessed 09 May 2024]
- General Pharmaceutical Council. In Practice: Guidance on Consent. Revised June 2018. Available from: <https://www.pharmacyregulation.org> [accessed 09 May 2024]
- General Pharmaceutical Council. In Practice: Guidance on Confidentiality. Revised June 2018. Available from: <https://www.pharmacyregulation.org> [accessed 09 May 2024]
- Clinical Knowledge Summaries. Eczema-atopic. Last revised March 2024. Available from: <https://cks.nice.org.uk> [accessed 09 May 2024]
- Yellow Card Reporting. Available from: <https://yellowcard.mhra.gov.uk/> [accessed 09 May 2024]
- NHS 111 Wales Health A-Z. Available from: <https://111.wales.nhs.uk> [accessed 09 May 2024]
- NHS Medicines A-Z. Available from: <https://www.nhs.uk> [accessed 09 May 2024]

Appendix B: Healthcare Professionals Agreement to Practice

**Authorisation for the use of the Patient Group Direction for the supply of:
clobetasone 0.05% cream or ointment by community pharmacists under the Clinical
Community Pharmacy Service, Common Ailment Service (dry skin) commissioned by
[Powys Teaching Health Board]**

Patient Group Directions do not remove inherent professional obligations or accountability.

Once completed and approved, health professionals wishing to use the PGD must sign up to the PGD for the local health board in which they will be providing services. Only pharmacists who are accredited in line with the National Service Specification can operate under the PGD.

This Patient Group Direction is to be read, agreed and signed by all registered healthcare professionals authorised to operate the PGD. By signing this document, the professional operating the PGD **confirms that they have read and understood the content of this PGD and are willing and competent to work under it within their professional code of conduct.** One copy should be supplied to each named pharmacist and a signed copy must be kept within the pharmacy by the nominated member of staff with responsibility for PGDs. This will usually be the Superintendent Pharmacist or Responsible Pharmacist.

Name and address of pharmacy:

For registered professional

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

Name of registered pharmacist	Signature	GPhC number	Date

This authorisation sheet should be kept to serve as a record of those practitioners authorised to work under this PGD in accordance with the retention statement in the [organisational authorisation section](#).