

# COMMUNITY PHARMACY

Patient Group Direction for Treatment of Infected Insect Bites

The service will be provided through Community Pharmacies contracted to NHS England & Improvement East who have signed up to provide this service

## Community Pharmacy

### Treatment of Infected Insect Bites (patients aged 18 years and over)

#### 1.0 Introduction

The service aims to provide any eligible patient who presents at a pharmacy within Cambridgeshire and Peterborough, with access to medication for the treatment of infected insect bites via Community Pharmacy. The service will be provided by those Community Pharmacies in the areas of Cambridgeshire and Peterborough who have signed up to provide this service. This service is commissioned by NHS England and NHS Improvement – East Region. Sign up is via Microsoft Forms and managed by [england.pharmacayeast@nhs.net](mailto:england.pharmacayeast@nhs.net).

Community pharmacies can participate in this service from date of sign up via Microsoft Forms, until the 31<sup>st</sup> December 2022.

#### 2.0 Patient Eligibility

This scheme is available for patients aged 18 years and over who are registered with a GP practice in England and present at a community pharmacy within Cambridgeshire and Peterborough. Patients can access the scheme at any participating pharmacy in Cambridgeshire and Peterborough.

Patients will be asked by the pharmacy to confirm their registration with their GP Practice and to give their consent to information sharing with their GP before any supply is made. Pharmacists are encouraged to use Summary Care Records (SCRs) to check the patient's GP practice if there is uncertainty or to confirm eligibility. Only where there is doubt, and with the consent of the patient the pharmacist may check the registration with the GP practice (see section 4.1 below "checking GP Registration").

Where the patient is not registered with a GP practice or they refuse consent to contact their GP, as described above, the patient should be advised appropriately, and if antibiotic treatment or other Prescription Only Medicine (POM) is thought to be required, they should be signposted to an appropriate provider (this maybe their own GP, or if a temporary resident in the area advice given on how to access NHS services locally).

It is anticipated that patients who will make use of the service will access it via the pharmacy where they generally get their prescriptions dispensed. In addition to this, the pharmacist should check the patient's SCR and it is therefore expected that the number of telephone calls to the GP practice to confirm patient registration will be minimal.

#### 2.1 Prescription Exemptions

Patients accessing the scheme who are entitled to free prescriptions will receive medication free of charge. All current NHS exemptions (including those with valid pre-payment certificates) are

applicable, and the patient/patient's representative must be asked to provide evidence of their exemption. This declaration should be completed by the patient/patient's representative (Appendix 1). Whilst the requirement for written signatures on prescriptions is suspended, the requirement is also suspended for this service.

Patients who are not exempt from prescription charges will pay a prescription charge for each item supplied under the PGD.

### **3.0 Service Requirements**

#### **3.1 Who can provide the service?**

This service can only be provided from Community Pharmacies on the Pharmaceutical List within Cambridgeshire and Peterborough, contracted to NHS England & NHS Improvement East Region that have been commissioned to do so, and that have appropriately trained staff available, to provide the service

Pharmacists working at participating pharmacies can provide this Enhanced Service if they have completed the mandatory training requirements. They must document their service readiness using a Declaration of Competence (DoC) completed specifically for this service.

**It is expected that locums and relief pharmacists undertake the relevant training as described below and have access to a copy of this Service Specification, prior to working in a Pharmacy which has been commissioned to provide the service.**

NHSE&I may cease to commission this service from a pharmacy with immediate effect if the requirements set out in the service specification and/or the PGD cannot be met.

#### **3.2 Pharmacist training requirements**

Training requirements are set out in detail in Appendix 2 however in summary completion of CPPE DOC framework for minor ailments is required.

All Pharmacists working at participating Pharmacies and providing the scheme should ensure that they continue, through continuing education and CPD, to keep up to date with guidance issued around of the treatment of insect bites and stings, and acute cellulitis.

#### **3.3 Additional requirements**

##### **COVID 19 related requirements –**

Whilst COVID 19 is circulating within the community, it remains important to reduce avoidable footfall in community pharmacies to protect patients and staff from the risks of infection. As a result, telephone consultations will be permissible for this service such that patients can receive advice and care without attending in person, unless in the professional opinion of the Pharmacist, a face to face consultation is required.

Video consultations will also be permissible for this service if contractors are able to meet the relevant criteria and standards set out by NHS England & Improvement for Community Pharmacy

video consultations.

For those patients that present at the Pharmacy, the Pharmacist will need to use their professional judgement and reference organisational risk assessments in order to determine whether to provide a face to face consultation. If this is necessary and/or appropriate, refer to section 4.4 which provides guidance and links to national documents regarding infection control measures and use of Personal Protective Equipment (PPE).

The Pharmacy must have a consultation area which meets the requirements within the Community Pharmacy Terms of Service. (1) The Pharmacy Contractor will provide a professional consultation service for eligible patients who present with symptoms indicative of an infected insect bite, and all consultations must take place in a confidential environment. Any consultations that are undertaken remotely (e.g. via telephone or video) must be done so in a confidential manner.

The Pharmacy must have a Standard Operating Procedure (SOP) in place to cover the service.

Patients can access the scheme at any participating Pharmacy, and there is a requirement for the service to be available during all hours that the Pharmacy is open.

Only in exceptional circumstances should a patient be signposted to another provider if the Pharmacy has been unable to provide the service to the patient, and the local practice(s) should also be notified if this is likely to be an ongoing issue.

A list of Pharmacies providing the service will be shared with all participating Pharmacies and GP practices. Therefore, if for any reason a Pharmacy wishes to withdraw from the service NHS England & Improvement East will need to be informed immediately by emailing [england.pharmacyeast@nhs.net](mailto:england.pharmacyeast@nhs.net).

#### **4.0 Duties of Community Pharmacists**

##### **4.1 Checking GP Registration**

Before proceeding to supply treatment under the scheme, the patient MUST be asked to confirm that they are registered with a GP Practice.

This may be done by:

- checking the patient's PMR if the patient is already collecting prescriptions from that Pharmacy.
- asking the patient to show the repeat prescriptionslip.
- knowing the patient to be registered with the GP Practice.
- medical card
- checking the patient's SCR
- Telephone the patient's GP practice for confirmation of registration. They should offer the patient's details i.e. name, date of birth, and postcode or address, and merely ask the practice to confirm 'yes' or

'no' whether the patient is registered with them. The Pharmacy should not expect the GP Practice to offer any other patient information as the Pharmacy should already be in receipt of this from the patient.

#### 4.2 Consultation

The Pharmacist must carry out a professional consultation with reference to the PGD and in accordance with the SOP for the service.

- The Pharmacist will conduct the consultation. This may be face-to-face, over the telephone or via appropriate remote access. (In accordance with the Community Pharmacy Terms of Service (1)). The Pharmacist must collect information on the patient's condition and make appropriate records during the consultation. The Pharmacist will assess the patient's condition using a structured approach to respond to symptoms.
- Where the Pharmacist undertakes a telephone or approved video consultation, but is unable to collect all of the information they require from the patient or they feel that it is clinically appropriate to see the patient before making a decision on their condition, the Pharmacist shall conduct a face-to-face consultation.
- The Pharmacist will ensure that any relevant 'Red Flags' are recognised and responded to as part of the consultation process.
- If at this stage, it is identified that the patient needs to be referred to access higher acuity services, the procedure set out in section 5.0 shall be followed.
- The Pharmacist will identify any concurrent medication or medical conditions, which may affect the treatment of the patient. This should involve access to the patient's SCR, where appropriate and with patient consent.
- The Pharmacist may advise deferred antibiotic treatment (see section 4.5).
- Recording should be done at the time of the consultation using the paper Proforma (Appendix 3).
- Supply of medication if appropriate, and labelled as specified within the PGD
- As well as the provision of verbal advice, patients should, if required, be provided with printed information relevant to their condition, or where this consultation takes place over the telephone or via approved video link, the pharmacist should signpost to relevant online resources, if required. This should include self-care messages, expected symptoms, the probable duration of symptoms, and when and where to go for further advice or treatment if needed. Printed or online information can be sourced from [www.nhs.uk](http://www.nhs.uk)
- Inform patient's GP of the supply within two working days from when the consultation takes place (see section 4.3).

An NHS prescription charge per item should be collected on supply of any medication supplied via the PGD, unless the patient is exempt from prescription charges, in accordance with the National Health Service (Charges for Drugs and Appliances) Regulations 2015. Any NHS prescription charges collected from patients will be deducted from the sum payable to the Pharmacy and will be off set against the fee element of the PGD service, not the drug costs.

The consultation and supply should be recorded in the patients' record on the Pharmacy PMR system.

Please note that a consultation fee is paid whether a medicine has been supplied or not. The

Pharmacist can claim the lower consultation fee if no medicine is required as any advice given is done so in accordance with the PGD, and as such is not designated as an Essential Service. Correct fees will be applied based on the information recorded.

**All consultations must be carried out by a Pharmacist.**

It is of paramount importance that all providers of this scheme note that normal rules of patient confidentiality apply.

At the end of every consultation, the pharmacist should provide adequate safety netting advice providing the patient with guidance on what action to take if specific symptoms arise. A suggested closing statement to the patient:

***“If your symptoms become worse, or do not improve (pharmacist to specify red flags or recognising worsening symptoms), then seek advice from your GP or you can call NHS 111 or 999 if the matter is urgent (red flags).”***

#### **4.3 Consultation form**

All information relating to the consultation should be recorded at the time of the consultation by inputting the information directly onto Appendix 3.

Patient consent will need to be given for data sharing. If consent is refused, the service cannot be provided, and the patient advised accordingly.

#### **4.4 Face to face consultations**

If the patient presents at the Pharmacy, or following a telephone or approved video consultation the Pharmacist deems it necessary to see the patient face to face, then consideration must be given to how the consultation can be undertaken in order to protect the patient and pharmacy staff from the risk of infection.

A risk assessment and any actions required to mitigate against infection particularly COVID-19, must be carried out prior to delivering the service. Reference to PHE and NHSE&I guidelines should be followed, and these can be accessed via the following link -

<https://www.england.nhs.uk/coronavirus/primary-care/infection-control/>

Consideration should be given, but is not limited to the following;

- Check that the patient does not have symptoms indicative of COVID-19 infection prior to undertaking a face to face consultation.
- Maintain social distancing within the Pharmacy and consultation room where possible.
- Utilise protective screens where possible
- Use PPE in accordance with current guidelines for face to face consultations and consider advice/provision of face coverings for the patient.
- Ensure availability of hand sanitiser and/or hand washing facilities
- Adopt robust infection control measures within the consultation room such as cleaning surfaces, chairs and any equipment before and after each consultation
- Remove and dispose of any used PPE safely and in accordance with relevant guidance.

#### 4.5 *Deferred antibiotic process*

The Pharmacist may advise deferred antibiotic treatment; in this case the Pharmacist would complete the consultation and the data would be recorded on Appendix 3. If the patient returns after waiting for the appropriate amount of time, the Pharmacist can then dispense the medication without having to repeat the consultation and the supply would be recorded on the form previously completed for that patient.

#### 5.0 **Escalation and Referral Process**

In those situations where a patient presents with a symptom(s) that requires escalation or referral to a GP or other healthcare professional (urgent or otherwise), the Pharmacist has three options as set out below. The Pharmacist should use their clinical judgement to decide the urgency, route and need for referral:

**Option A - Refer the patient for an urgent in-hours appointment** (Monday to Friday 08:00-18:30). After agreeing this course of action with the patient, the Pharmacist should telephone the patient's GP Practice or a local practice if they are out of area and a temporary resident, to secure them an appointment. When referring patients to a GP Practice, Pharmacists should not set any patient expectations of any specific treatment or outcome. Direct numbers for practices will be available by searching the DoS, using the DoS search tool. NHS service finder can also be used. The Pharmacist may wish to print a copy of the consultation record for the patient to take with them to the consultation at their general practice.

**Option B - Call the NHS 111 service when the patient's own GP Practice is not available.** After agreeing this course of action with the patient, the Pharmacist should call NHS 111 using the healthcare professionals' line for fast access to a clinician, if this is required. The clinical service will provide advice which may result in onward referral of the patient or support to resolve the issue so that the episode of care can be completed.

**Option C - Refer the patient to A&E or call 999.** If the patient presents with severe symptoms indicating the need for an immediate medical consultation, the Pharmacist should tell the patient to attend A&E immediately or call an ambulance. The Pharmacist must record such referrals.

In all circumstances, if the patient presents with symptoms outside the scope of the service, the patient should be managed in line with the Pharmacist's best clinical judgement.

#### 6.0 **Record Keeping and Labelling Requirements**

A record of every consultation must be made using Appendix 3. You must comply with record keeping requirements which result in a payment being made for the service.

In addition, a record of any medication supplied through this scheme should be documented in the Patients Medication Record (PMR) on the Pharmacy IT system.

All supplies must be labelled in line 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 enable auditing, monitoring and evaluation of the service.

All records electronically or otherwise must be kept in accordance with NHS record keeping and Community Pharmacy Information Governance requirements. Recommendations for the retention of pharmacy records for Patient Group Directions is 8 years. This includes the patient consent record.

<https://www.sps.nhs.uk/wp-content/uploads/2021/01/Recommendations-for-the-Retention-of-Pharmacy-Records-2020-21-Jan-2021-update-v.2.pdf>

The contractor must ensure that any information relating to this service is available on request by NHSE&I if reasonably required.

## **7.0 Service Funding and Payment Procedures**

Pharmacies must record consultations using Appendix 3. Monthly claims must be sent to NHS England and NHS Improvement using the required template which will be emailed to those Community Pharmacists who have signed up to this service.

Authorised payments are sent to PCSE by the 7<sup>th</sup> of each month. PCSE then instruct NHS Business Services Authority to make payment on behalf of NHS England and NHS Improvement. Post payment verification/spot checks may be undertaken to verify payment. Monies will be reclaimed for any inappropriate or incorrect claiming.

Payments will be made monthly, and this will be done as a Local Payment via the NHS BSA and will therefore appear on the monthly FP34c statement as “Local Payment 6”, which defines as a PGD. All payments will be made at the end of the month, following that to which the payment relates.

### **7.1 Service payments**

The Pharmacy will be paid according to the following schedule.

Fee per consultation including medicines supply: £15.00

or

Fee for part consultation where no antibiotic is supplied, but Pharmacist has determined that patient meets the inclusion criteria: £7.50 will be made.

Medication costs at Drug Tariff DM & D prices plus VAT at the current applicable rate.

## **References**

- 1. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended).**



Appendix 1

## Declaration of Exemption

To be completed by the patient if they are exempt from NHS prescription charges. Applies when prescription exemptions must be signed.

Patient Name..... Date of Birth.....

The patient does not pay because:

- A  is 60 years of age or over or is under 16 years of age
- B  is 16, 17 or 18 and in full-time education
- D  has a valid maternity exemption certificate
- E  has a valid medical exemption certificate
- F  has a valid prescription prepayment certificate
- G  has a prescription exemption certificate issued by Ministry of Defence
- L  has a HC2 (full help) certificate
- H  entitled to Income Support or Income-related Employment and Support Allowance
- K  entitled to income-based jobseeker's allowance
- M  has a Tax Credit Exemption Certificate
- S  has a Pension Credit Guarantee (including partners)
- U  entitled to Universal Credit and meets the criteria

The information I have given is correct and complete and I confirm proper entitlement to exemption

I am the patient

I am the patient's representative

To be completed by the Patient/patients representative

I received ..... (insert number) medicine(s) from this pharmacy

Signed: .....

Date: .....

Was evidence of exemption seen? Yes

No

## Appendix 2: Training Requirements

The Pharmacist will need to log in to the Centre for Pharmacy Postgraduate Education (CPPE) website and access the DoC section to download the DoC Self-Assessment Framework for Minor Ailments. (The infected insect bite service is a Level 2 Minor Ailments Service involving supply of Prescription Only Medication (POM) under a PGD).

The DoC Framework document allows the pharmacist to assess their readiness against the mandatory core competencies (consultation skills and safeguarding) as well as suggesting other training they may find useful regarding minor ailments and PGDs.

The Pharmacist then needs to download their personalised Minor Ailments DoC (interactive PDF document).

Section 1 of the DoC will automatically contain details of all CPPE training and assessments they have under-taken and which are relevant to this service.

In section 2 the Pharmacist will need to add details of the mandatory training they have completed. The requirements are:

- That they have worked through the Clinical Knowledge Summaries on insect bites and stings, and acute cellulitis.
- They must have satisfactorily completed the PHE Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment and are registered as an antibiotic guardian.
- They must ensure that they have the correct clinical knowledge to provide the service and are familiar with NICE guidance on treating insect bites and stings, and acute cellulitis.
- The requirements of the service specification are understood and the PGD associated with the service is signed.

The Pharmacist should then print their DoC and add the heading “NHSE&I Community Pharmacy Extended Care Service Tier2” or save to PDF, using the same heading and store electronically. It must then be signed and dated to complete the process. The pharmacist must confirm on the CPPE website that they have completed and signed the DoC.

The accuracy of the DoC is the Pharmacist’s professional responsibility.

For guidance and support, please refer to the link below – Declaration of Competence for Pharmacy Services. A guide to using the Declaration of Competence (DoC) system.

<https://www.cppe.ac.uk/services/docs/doc%20how%20to%20use%20guide.pdf>

## Infected Insect Bites - Consultation and Supply

1. Patient Details	
<b>Name</b>	
<b>Address</b>	
<b>Date of Birth</b>	
<b>Contact Details</b>	
<p><b>Consent (must consent to all elements or the service cannot go ahead)</b></p> <ul style="list-style-type: none"> <li>- Consent to Consultation</li> <li>- Consent to share relevant clinical information with the Patient's GP Practice, via email</li> </ul> <p>Consent to share anonymised data with NHSE/I</p>	<input type="checkbox"/> Consent

### 2. Provision Details

<b>Provision Date</b>	
<b>GP Practice</b>	

### 3. Service Access

<b>How did the patient access this service?</b>	<input type="checkbox"/> Self-referred / walk-in <input type="checkbox"/> 111 CPCS referral <input type="checkbox"/> GP CPCS referral <input type="checkbox"/> 111 advice <input type="checkbox"/> Other
<b>Action if this service wasn't</b>	<input type="checkbox"/> Waited/Not accessed healthcare <input type="checkbox"/> GP <input type="checkbox"/> Walk-in clinic

<b>available?</b>	<input type="checkbox"/> A&E <input type="checkbox"/> Called NHS 111 <input type="checkbox"/> other
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#### 4. Inclusion Criteria

<b>Patient Symptoms</b>	<input type="checkbox"/> Adults ages 18 and over <input type="checkbox"/> No signs of systematic toxicity Acute onset of (all features must be present): <input type="checkbox"/> <b>Redness of skin</b> <input type="checkbox"/> <b>Pain or tenderness to the area</b> <input type="checkbox"/> <b>Swelling of skin</b> <input type="checkbox"/> <b>Skin surrounding the bite feels hot</b>  <input type="checkbox"/> Clear evidence of infection, indicated by cellulitis that is present or worsening at least 24 hours after the initial bite(s).  <input type="checkbox"/> Patient can be managed with oral antimicrobials in solid dosage form
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#### 5. General Exclusion Criteria

- if any apply please refer patient to Primary Care Clinician

<b>Please indicate which applies</b>	<input type="checkbox"/> Signs of systemic hypersensitivity reaction or anaphylaxis. Previous systemic allergic reaction to the same type of bite or sting. <input type="checkbox"/> Signs of sepsis or systemic illness, such as; patches of discoloured skin indicative of haemorrhagic (purpuric) rash; decreased urination; changes in mental ability; problems breathing; abnormal heart functions; chills due to fall in body temperature; unconsciousness; fever; headache; weakness. <input type="checkbox"/> Bite or sting is in the mouth or throat or around the eyes. <input type="checkbox"/> No clear evidence of infection <input type="checkbox"/> Bite or sting occurred whilst travelling abroad or was caused by an unusual or exotic insect <input type="checkbox"/> Uncontrolled co-morbidities <input type="checkbox"/> Known allergy to both antibiotic treatment options <input type="checkbox"/> Animal (dogs, cats etc.) or human bites <input type="checkbox"/> If the skin appears black <input type="checkbox"/> Pregnancy and breastfeeding <input type="checkbox"/> More than two episodes of infected insect bites treated under this PGD within previous 12 months
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	<ul style="list-style-type: none"> <li><input type="checkbox"/> Patient aged 17 or under</li> <li><input type="checkbox"/> A very large area of red, inflamed skin (&gt;20cm diameter)</li> <li><input type="checkbox"/> If the area affected is causing numbness, tingling, or other changes in a hand, arm, leg, or foot</li> <li><input type="checkbox"/> Facial cellulitis</li> <li><input type="checkbox"/> Moderate to severe renal impairment (CKD 4 or 5, eGFR less than 30ml/min. 1.73m<sup>2</sup>)</li> <li><input type="checkbox"/> Moderate to severe hepatic impairment</li> </ul>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> None of the above</li> </ul> <p>All exclusion criteria indicate a need for onward referral. Pharmacists should use their clinical judgement to determine the urgency, route and need for referral. <b>*red flag symptoms need immediate medical consultation refer to A&amp;E or call 999*</b></p>

**Note – if the patient is excluded for any reason please continue from Question 8 – Recording Requirements.**

**PLEASE ENSURE THAT QUESTIONS 8 & 9 ARE COMPLETED**

### 6. Treatment under PGD

<p style="text-align: center;"><b>Treatment Decision</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Flucloxacillin - first line option</li> <li><input type="checkbox"/> Clarithromycin - Patient has penicillin allergy/sensitivity</li> <li><input type="checkbox"/> Patient has decided to defer treatment</li> <li><input type="checkbox"/> Patient excluded from treatment, referred to GP</li> <li><input type="checkbox"/> No supply made</li> </ul>
<p style="text-align: center;"><b>Preparation supplied</b></p>	
<p style="text-align: center;"><b>Quantity</b></p>	

### 7. Follow-up Advice

Take doses regularly and finish the course.  
Seek medical help if symptoms worsen rapidly or significantly at any time, or do not start to improve within 2 to 3 days.

The skin takes some time to return to normal after the course of antibiotics has finished.

Severe adverse reactions to antibiotics are rare, but anaphylaxis (delayed or immediate) has been reported and requires immediate medical treatment.

## 8. Recording Requirements

<b>PMR entry completed?</b>	<input type="checkbox"/> Yes medication supply noted <input type="checkbox"/> Recorded on PMR as 'no supply made' <input type="checkbox"/> Counselling and Advice given noted
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## 9. Pharmacist to give advice on Infected Insect Bites

<b>Safety netting advice given</b>	<p><b>Initial pain and swelling as a result of an insect bite should be managed with appropriate OTC pain relief if needed, and the use of a cold compress (flannel or cloth cooled with cold water) over the affected area.</b></p> <p>Hygiene measures are important to aid healing and stop infection spreading to other parts of the body and to other people.</p> <p><b>Checklist</b></p> <ul style="list-style-type: none"> <li>•Wash the affected areas with soapy water</li> <li>•Wash hands before and after touching skin</li> <li>•Avoid scratching affected areas and keep fingernails clean and cut short, wear cotton gloves if necessary.</li> </ul> <p><b>Safety netting: Advise the person to seek medical help if they:</b></p> <ul style="list-style-type: none"> <li>•Become systemically very unwell or</li> <li>•have severe pain out of proportion to the infection or</li> <li>•have redness or swelling spreading significantly beyond the initial presentation (taking into account that some initial spreading will occur and that redness may be less visible on darker skin tones).</li> </ul> <p>Note: consider recommending the patient draws with a pen around the extent of the infection at point of presentation to enable assessment of improvement or deterioration</p>
<b>Confirmation of Safety netting advice given</b>	<input type="checkbox"/> Yes
<b>Medication labelled "Supplied under PGD"</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Levy collected / Exemption Recorded?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No supply made
<b>Levy Status</b>	
<b>Evidence of exemption seen</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Notification sent to GP</b>	

<b>Client's Signature:</b>		<b>Date:</b>	
<b>Pharmacists Name</b>	<b>GPhC Number</b>	<b>Signature</b>	<b>Date</b>

I can confirm that I have:

- read and understood the Service Specification for Treatment of Infected Insect Bites.
- have updated my required training records via CPPE Website.
- I have signed the PGD in accordance with the Service Specification.

**Pharmacists Name:**

**Signature:**

**Date:**