Pennine Care NHS
NHS Foundation Trust

Policy Document Control Page

Title

Title: Patient Group Direction Policy

Version: Version 9

Reference Number: CL12

Supersedes

Supersedes: Version 8

Description of Amendment(s):

- 13.1 Audit. Updated to reflect audit undertaken by pharmacy professionals
- PGD template updated (Appendix 1)
- Guidance on how to prepare the PGD template updated (Appendix 2)

Originator

Originated By: Lesley Smith

Designation: Chief Pharmacist

Equality Impact Assessment (EIA) Process

Equality Relevance Assessment Undertaken by: Lesley Smith

ERA undertaken on: 11 September 2013

ERA approved by EIA Work group on: 23 October 2013

Where policy deemed relevant to equality-

EIA undertaken by:

EIA undertaken on:

EIA approved by EIA work group on

Approval and ratification

Referred for approval by: Chief Pharmacist

Date of Referral: 22 January 2016

Approved by: Drugs and Therapeutics Committee (CHS)

Approval Date: 5 February 2016

Date Ratified by Executive Directors: 14th March 2016

Executive Director Lead: Medical Director

Circulation

Issue Date: 15th March 2016

Circulated by: Performance and Information

Issued to: An e-copy of this policy is sent to all wards and departments

Policy to be uploaded to the Trust's External Website? YES

Review

Review Date: 5th February 2019

Responsibility of: Lesley Smith

Designation: Chief Pharmacist

This policy is to be disseminated to all relevant staff.

This policy must be posted on the Intranet.

Date Posted: 15th March 2016

PATIENT GROUP DIRECTIONS POLICY

1 INTRODUCTION

1.1 This policy derives from guidance set out in the Health Services Circular HSC 2000/026 Patient Group Directions.

1.2 A Patient Group Direction (PGD) is a written instruction for the supply and administration of a specified medicine to a group of patients who may not be individually identified before presentation for treatment in an identified clinical situation.

1.3 A PGD should only be developed where there are clear benefits of patient care. Patient Group Directions (NICE guideline MPG2) (2013) states that the majority of clinical care should be provided on an individual, patient-specific basis. The supply and administration of medicines under PGDs should be reserved for those limited situations where this offers an advantage for patient care (without compromising patient safety), and where it is consistent with appropriate professional relationships and accountability.

Using a PGD is not a form of prescribing. The supply and/or administration of medicines under a PGD cannot be delegated. A PGD is not meant to be a long-term means of managing a patient's clinical condition.

1.4 The qualified health professionals who may supply or administer medicines under a PGD are: nurses, midwives, optometrists, pharmacists, chiropodists, podiatrists, radiographers, physiotherapists, speech and language therapists, dieticians, occupational therapists, prosthetists, orthoptists, dental therapists, dental hygienists, orthotists and paramedics.
They can only do so as named individuals and must sign the PGD under which they are operating. They must be employees of Pennine Care NHS Foundation Trust.

1.5 This policy has been written to provide guidance on all aspects of developing, implementing and auditing PGDs within Pennine Care NHS Foundation Trust.

1.6 This policy covers the development and use of PGDs for patients of Pennine Care NHS Foundation Trust.

2 THE DEVELOPMENT OF A PGD

2.1 PGDs can be developed by any specialist multidisciplinary group either in a single ward, department, division, directorate or community health borough/ service. PGD may also be developed in conjunction with other colleagues. The group **must** include a representative OR representatives of the professional group expected to supply / administer the medicine under the PGD, a pharmacist and / or a Medical Officer.

2.2 Development of a PGD should not be initiated until managerial approval to proceed has been obtained.

2.3 Any manager giving approval should contact the Chief Pharmacist's office OR the Medicines Management Team to register the intention to develop a PGD.

2.4 The content and format of PGDs must comply with the Trust template for PGDs (Appendix 1), https://www.penninecare.nhs.uk/media/1042/patient-group-directions-policy-v8.pdf

2.5 Guidance on how to prepare a PGD using the PGD template is available (Appendix 2), https://www.penninecare.nhs.uk/media/1042/patient-group-directions-policy-v8.pdf

2.6 The Patient Group Direction sub- group of the Drugs and Therapeutics Committee reviews, approves and provides support to staff developing PGDs to ensure they are clinically correct and comply fully with the regulations.

3 MANAGEMENT OF PGDs

3.1 Staff involved in the writing of the PGD, a pharmacist and / or a Medical Officer must sign the PGD to approve the use of the PGD in the clinical area.

3.2 PGDs should be reviewed by Organisational Learning and Development (OL&D) prior to submission for approval if they contain reference to learning and development.

3.3 PGDs will be submitted to the Patient Group Direction sub-group (mental health and community health services) of the Drugs and Therapeutics Committee for review and approval and then authorised by the Medical Director, Director of Nursing and Chief Pharmacist.

3.4 A senior person within the service using the PGD should be designated to take responsibility for ensuring that only fully competent qualified and trained professionals operate within the PGD.

3.5 The Chief Pharmacists office OR the Medicines Management Team will be responsible for distributing PGDs in line with current arrangements for policy distribution. An electronic version of all PGDs will be available via the Trust's Intranet.

3.6 The original paper copies of all signed off PGDs will be lodged with the Chief Pharmacist's office and an electronic version uploaded on to the trust intranet

3.7 Each ward, department, division, directorate or community health borough/ service will maintain a current list of professionals approved to supply and administer medicines under a PGD.

3.8 There must be comprehensive arrangements for the security, storage and labelling of all medicines and a secure system for recording and monitoring

medicine use from which it should be possible to reconcile incoming and outgoing stock on a patient by patient basis.

3.9 The names of the health professionals providing treatment, patient identifiers and medicine provider should all be recorded.

3.10 Only employees of the Trust and Registered Nurses contracted to work via the Central Trust Staffing Department (Trust Bank) may administer medicines under a PGD. All such staff must have been assessed as competent to work under the latest version of a particular PGD.

3.11 Agency and locum staff MUST NOT administer medicines under a PGD.

4 THE CONTENT OF A PGD

4.1 Each PGD must include the following information:

- The name of the location or speciality to which the direction applies
- The date the direction comes into force and the date it expires
- A description of the medicine(s) to which the direction applies
- Class of health professional who may supply or administer the medicine
- Signature of supporting medical officer OR pharmacist
- Authorisation by the Trust (signature of Medical Director, Director of Nursing and Chief Pharmacist)
- The clinical condition or situation to which the direction applies
- A description of those patients excluded from treatment under the PGD
- A description of the circumstances in which further advice should be sought from a doctor and arrangements for referral
- Details of appropriate dosage and maximum total dosage, quantity, pharmaceutical form and strength, route and frequency of administration and minimum or maximum period over which the medicine should be administered
- Relevant warnings, including potential adverse reactions
- Details of any necessary follow up action and the circumstances
- A record for the supply and administration of medicines under a PGD must be kept for audit purposes
- Details of any training associated with being able to administer treatment under the PGD

4.2 The content and format of PGDs must comply with the Trust template for PGDs (Appendix 1).
https://www.penninecare.nhs.uk/media/1042/patient-group-directions-policy-v8.pdf

5 LEARNING OUTCOMES / COMPETENCE

5.1 Learning outcomes and how competence will be assessed must be specified in each PGD.

5.2 Health professionals supplying or administering medicines under PGD must be named and have evidence of competence, training, knowledge, experience and continuing education relevant to the clinical condition to which the PGD applies. This must be done for each subsequent version of the PGD.

5.3 Each member of staff trained and deemed competent to use the PGD should have a signed copy of the direction.

5.4 The manager responsible for the clinical area in which the PGD is used must be able to demonstrate that systems are in place for training and assessment of competence and updating these when a new version of the PGD is approved.

6. RESPONSIBILITIES OF HEALTHCARE PROFESSIONALS

6.1 Health care professionals must only undertake their role under PGD where they are competent to assess all aspects of the patient's clinical condition and take responsibility for the supply, administration and related decisions.

6.2 A healthcare professional authorised to supply and administer under PGD cannot delegate the task to another member of staff.

6.3 Healthcare professionals must act within their appropriate Code of Professional Conduct.

7. EXCLUSIONS

7.1 Medicines used outside of their licence (off-label usage) will not be included in PGDs unless it is well established in clinical practice and widely supported in the medical literature e.g. Levonelle.

7.2 Unlicensed medicines i.e. those without a UK Medicines and Healthcare Products Regulatory Agency (MHRA) marketing authorisation cannot be included in a PGD.

7.3 Certain medicines for emergency use e.g. adrenaline used in the treatment of anaphylaxis do not need a PGD.

7.4 Controlled drugs, except those contained in Schedule 4 (Part 1) and schedule 5 of the Misuse of Drugs Act 1971, will not be included in PGDs.

7.5 Medicines with black triangle status ▼ (that is recently licensed and subject to special reporting arrangements for adverse reactions) will not be included in PGDs unless that use is well established in clinical practice and widely supported in the medical literature e.g. Fluenz Tetra influenza vaccine

8. REVIEW

8.1 PGDs should be reviewed every 2 years and have an expiry date of every 3 years. Managers responsible for PGDs should ensure that they are reviewed and submitted for re-approval in a timely manner. The Chief Pharmacist's

office OR the Medicines Management Team OR the named author(s) will, wherever possible, alert managers when a PGD is due for review (refer to appendix 3 for the process).

8.2 Any changes to existing PGDs must be resubmitted to the Patient Group Direction sub-groups of the Drugs and Therapeutics Committee for approval (see 3.2). Until approved, amendments to an existing PGD are invalid.

9. NEW PGDs

A healthcare professional who identifies the need for a new PGD must consult with their team and Medicines Management to discuss this further (refer to appendix 4 for the process).

10. WITHDRAWAL OF PGDs

In the event of the need to withdraw a PGD the Chief Pharmacist / Medicines Management will liaise with the manager concerned for this to be carried out.

11. RELATED POLICIES

This policy should be read in conjunction with the Medicines Policy (CL15).

12 IMPLEMENTATION AND TRAINING

The Trust will ensure that the Patient Group Directions Policy has been issued and implemented as follows:

12.1 Issue and Implementation

A variety of dissemination methods are in place to make sure that all staff are aware of, have access to and comply with, the Patient Group Directions Policy.

Lists of all new policies are published in the Trust's Corporate Brief including a brief description and its intended audience.

All policies are held on the Trust's intranet to which all staff have access. Staff should always consult the intranet for the latest version.

All approved PGDs are held on the Trust's intranet under Pharmacy Services to which all staff have access.

Where a hard copy is kept on a ward/clinical area, it is the responsibility of the Ward Manager/Team Leader to ensure that the current version is on file.

Following approval, the Chief Pharmacist / Medicines Management is responsible for cascading details of the latest version of all policies to all healthcare professionals.

Ward and team managers are responsible for ensuring staff in their area of managerial control are fully aware of the content of the Patient Group Directions Policy.

All healthcare staff are responsible for ensuring they understand the content of the Patient Group Directions Policy and to act accordingly.

12.2 Training

Training in medicines management and in relation to the Patient Group Directions Policy forms part of the Trust's mandatory and essential training programme for identified staff groups.

The format of the mandatory medicines management training is described as per the Trust Training Needs Analysis.

Checking and monitoring of non-completion of mandatory medicines management training is undertaken by the Learning and Development Department.
Where pharmacy staff provide additional training on medicines on an ad hoc basis or at the request of managers within the Trust, attendance records will be completed and forwarded to the Training Department for inclusion on the Training database.

Pharmacy staff input on an ongoing basis to the induction programme of junior medical staff.

Further training will be made available when necessary to support initiative of the National Reporting and Learning System (NRLS) and/or NICE along with other training required to be compliant with the PGD.

Medicines management training needs in relation to the policy on the prescribing, supply and use of unlicensed medicines should be identified through the Individual Performance and Development Review (IPDR) process and feed into the Trust Training Needs Analysis (TNA).

Training required for individual members of staff is identified through the Trust's IPDR process and arranged as appropriate. Any non- attendance is reported via e-mail from the Learning and Development department to the individual's authorising manager for action and future attendance to be arranged.

13 AUDIT AND MONITORING OF COMPLIANCE

13.1 Audit

Audit against compliance with the Patient Group Direction Policy will be carried out at least annually by the medicines management team.

13.2 Monitoring

Compliance with this policy will be monitored using an analysis of incidents and complaints, by the Managing Prescribing Risk group on a quarterly basis, where there has been a failure to follow procedure.

Quarterly medication error/incident reports (Safeguard) prepared and reviewed by Managing Prescribing Risk group Analysis allows identification of trends and themes.

Action plans to manage improvement in compliance will be developed by the Managing Prescribing Risk group on a quarterly basis where necessary.

Key findings of both audit and monitoring of compliance will be reported to the Drugs and Therapeutics Committee Part 2.

Training required for individual members of staff is identified through the Trust's IPDR process and arranged as appropriate. Any non-attendance is reported to the individual's Service Manager.

The Learning and Development department will provide a monthly report to Service Line Managers detailing staff attendance at required training. In addition the Learning and Development department will provide a six monthly report of staff attendance for all required training to the Educational Governance group for monitoring. The Educational Governance Group will be responsible for the development of any actions required in relation to training which will be implemented and monitored by Divisional and Borough Integrated Governance Groups.

14 REVIEW

The Drugs and Therapeutics Committee Part 2 will review the Patient Group Directions Policy in accordance with the schedule outlined in Trust Policy on policies.

15 REFERENCES

(1) Health Services Circular HSC 2000/026.
Patient Group Directions.
http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4012260.pdf

(2) National Institute for Health and Care Excellence (NICE)
Good practice guidance
Patient Group Directions
www.nice.org.uk/mpc/goodpracticeguidance/gpg2.jsp

(3) To PGD or not to PGD? - that is the question. NHS PGD Website http://www.medicinesresources.nhs.uk/en/Communities/NHS/PGDs/PGD-Legislation-Guidance/PGD-Website-Tools/To-PGD-or-not-to-PGD-that-is-the-question/

(4) When is a PGD not necessary? NHS PGD Website http://www.medicinesresources.nhs.uk/en/Communities/NHS/PGDs/FAQs/When-is-a-PGD-not-necessary/?query=gsl&rank=36

Appendix 1

Pennine Care NHS
NHS Foundation Trust

PATIENT GROUP DIRECTION

Title of Patient Group Direction

Version:

Clinical Condition: (The clinical condition to which the PGD applies)

Health Professional: (Class of Health Professional who may practice under this PGD)

Service:

Division/Directorate/ Community Health Service Borough

PGD No.:

Approval date:

Review date: (2 years after approval)

Expiry date: (3 years after approval)

YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT.

PATIENT GROUP DIRECTION (PGD No. Version no.) FOR

PGD TITLE	POM/P/GSL

Clinical Condition	
Indication	
Inclusion criteria	
Exclusion criteria	
Cautions / Need for further advice	
Action if patient declines or is excluded	

Drug Details	
Name, form & strength of medicine	
Route / Method	
Dosage	
Frequency	
Duration of treatment	
Maximum or minimum treatment period	
Quantity to supply / administer	
Side effects	
Advice to patient / carer	
Follow up	
Arrangements for storage and replacement of stock	

PATIENT GROUP DIRECTION (PGD No. Version no.) FOR

PGD TITLE	POM/P/GSL

Staff Characteristics	
Qualifications	
Specialist competencies or qualifications	
Continued training & education	

Referral Arrangements and Audit Trail	
Referral arrangements	
Records / audit trail	
Specify arrangements for multi-professional annual audit.	

References / Resources and Comments	
References/Resources and comments	
Rationale for use	
Arrangements for updating	
Arrangements for review	

PATIENT GROUP DIRECTION (PGD No. Version no.) FOR

PGD TITLE	POM/P/GSL

This Patient Group direction must be agreed to and signed by all health care professionals involved in its development and use. The Managing Prescribing Risk subgroups (mental health and community health services) of Drug & Therapeutics Committee will approve all PGDs. The PGD must be easily accessible in the clinical setting.	
Organisation	**Pennine Care NHS Foundation Trust**

Patient Group Direction Developed by: **(Include the names of all persons involved in drawing up this PGD)**			
Name	**Position**	**Signature**	**Date**

Supported by	
Medical Officer	Name: Position: Signature: Date:
Pharmacist	Name: Position: Signature: Date:

Authorisation	
Chief Pharmacist	Name: Position: Signature: Date:
***Director of Nursing**	Name: Position: Signature: Date:
Medical Director	Name: Position: Signature: Date:

(* for PGDs which apply to nursing staff)

PATIENT GROUP DIRECTION (PGD No. Version no.) FOR

PGD TITLE	**POM/P/GSL**

LEARNING OUTCOMES FOR QUALIFIED HEALTH CARE WORKERS TRAINING TO ADMINISTER / SUPPLY …….. UNDER PATIENT GROUP DIRECTION

Aim

Learning outcomes

Underpinning knowledge

1.
2.
3.
4.
5.
6.
7.
8.
9.

Performance criteria

1.
2.
3.
4.

Assessors

Evidence can be assessed by :

Assessment

Underpinning knowledge can be demonstrated by means of any of the following:

Portfolio or self-directed written work;

or oral questions and responses between assessor and trainee;
or completion of a written test supplied by: ……
or completion of a workbook supplied by : ……..

PATIENT GROUP DIRECTION (PGD No. Version no.) FOR

PGD TITLE	POM/P/GSL

[Photocopy this page and complete for each member of staff]

Pennine Care NHS Foundation Trust

CERTIFICATE OF COMPETENCE IN PATIENT GROUP DIRECTION

Title and Version of PGD:.....

Name of Health Professional: .....

Designation: .....

Professional qualifications: .....

Department/ Service .....

1. Record of training and dates:

2. Details of relevant experience and dates:

3. Record of Assessment		Assessed by:	Date:
1)	Scope and purpose of the P.G.D.	.....	.....
2)	Clinical condition / situation	.....	.....
3)	Description of Treatment	.....	.....
4)	Continued Management	.....	.....

4. Other Evidence [of competence, training, knowledge, experience & continuing education]

To be completed by the Manager OR Assessor
The above named Health Professional has achieved the required competency to provide care under this Patient Group Direction.

Signed: ..... Date: .....
[Manager: .....]

To be completed by Health Care Professional

I, ..., confirm that I have received the necessary training and understand this Patient Group Direction. I understand that I must not act beyond my professional competence and will ensure my knowledge is kept up to date.

Signed: ..... Date: .....
(Copies of this document to be held by Manager and Health Professional)

PATIENT GROUP DIRECTION (PGD No. Version no.) FOR

PGD TITLE	POM/P/GSL

Patient Information Leaflets

PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY.

It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of professional Conduct.

Note to Authorising managers: authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation.

I have read and understood the Patient Group Direction and agree to supply/administer this medicine only in accordance with this PGD.

Department/ Service: **Pennine Care NHS Foundation Trust**			
Name of Professional	**Signature**	**Authorising Manager**	**Date**

Appendix 2

Pennine Care NHS
NHS Foundation Trust

PATIENT GROUP DIRECTION

Guidance on how to prepare a Patient Group Direction (PGD) using the PGD Template

This guidance should be used in conjunction with the Trust PGD Policy and template, copies of which are available on the Trust Intranet.

The intention to develop a PGD must be registered with the Chief Pharmacist / Medicines Management.

The contents and format of PGDs must comply with the Trust template for PGDs.

The current edition of the British National Formulary (BNF) and Summary of Product Characteristics (SPC) should be considered as the primary resources when compiling a PGD.

Healthcare professionals preparing a PGD should seek the support and advice of the Managing Prescribing Risk Sub Groups (mental health and community health services) of the Drugs and Therapeutics Committee. Example PGDs are available on the NHS Patient Group Direction Website
http://www.medicinesresources.nhs.uk/en/Communities/NHS/PGDs/

The original signed copy of all PGDs will be lodged with the Chief Pharmacist's office.

PATIENT GROUP DIRECTION (PGD No.) FOR

PGD TITLE	POM/P/GSL

The title must include the name of the drug(s), strength and form and the indication for which it is intended. State their legal status i.e. Prescription Only Medicine (POM), Pharmacy Only (P) or General Sales List (GSL).

YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT.

Clinical Condition	
Indication	State or describe the clinical condition or clinical situation when this drug(s) will be used.
Inclusion criteria	Criteria for inclusion must be as specific as possible without ambiguity.
Exclusion criteria	Allergy, contraindication, etc. For children specify any restrictions on weight & age. This and the previous section must be mutually exclusive.
Cautions / Need for further advice	List any contraindications and potential drug interactions.
Action if patient declines or is excluded	Clear actions must be stated covering all possible situations and how to record. Who to refer to.

Drug Details	
Name, form & strength of medicine	Generic name of medicine, form (e.g. tablets) and strength. Refer British National Formulary (BNF)
Route / Method	Define the route of administration. State if administration is outside the terms of the product license (‘off-label’) e.g. subcutaneous rather than intramuscular injection for some vaccines
Dosage	Dose(s) should be expressed in the normal way used for this medicine. Where a range is applicable include criteria for deciding on a dose. State if dose is ‘off-label’
Frequency	Frequency of administration. This must comply with the recommendations in the BNF. May refer to level of response.
Duration of treatment	According to response, local or national guidelines.
Maximum or minimum treatment period	State minimum or maximum period over which the medicine should be administered.

Quantity to supply / administer	Maximum total dosage or maximum number of doses. Subject to pack size available. Authors must check the availability of pre-packed medicines and/ or that supplies of medicines are commercially available with a pharmacist / technician prior to submitting for approval. This may require liaison with acute trust pharmacy departments proving services under SLA or the dispensary of Lloyds Pharmacy.
Side-effects	List most common side-effects of drugs and potential adverse reactions / interactions as per BNF and / or Summary of product Characteristics (SPC). Procedure for reporting Adverse Drug Reactions (ADR). Black triangle drugs▼ are those which are recently licensed and require all adverse reactions to be reported to the CSM using a Yellow Card https://yellowcard.mhra.gov.uk/
Advice to patient / carer	Labels must include name of medicine, strength, form, dose, frequency, quantity, date of supply and patient's name. Written/verbal advice for patient/ carer before/after treatment. Include counselling advice stated in BNF. Product information leaflet(s) should be given to the patient.
Follow-up	Information on follow up action or continuation of treatment if needed. Describe action to be taken in the event of an adverse reaction. Give details of any monitoring required, how and when.
Arrangements for storage and replacement of stock	Arrangements for obtaining, storage and replacement of medicines. There must be comprehensive arrangements for security, storage and labelling of medicines. All labelling must comply with the Medicines Act.

Staff Characteristics	
Qualifications	Classes of Health Professional who may supply or administer the medicine(s) under PGD are nurses, midwives, optometrists, pharmacists, chiropodists, radiographers, orthoptists and physiotherapists etc. Only employees of the Trust and Registered Nurses contracted to work via the Central Trust Staffing Department (Trust Bank) may administer medicines under a PGD.
Specialist competencies or qualifications	Additional training and qualifications considered relevant to the clinical condition and/or medicines used in the PGD.

Continued training & education.	State what continuing training and/or education is required. It is the responsibility of the practitioner to keep up to date with continued professional developments.

Referral Arrangements and Audit Trail	
Referral arrangements	Describe the circumstances (e.g. adverse reaction) in which further advice should be sought and how to refer for advice to a medical officer or team member as appropriate.
Records / audit trail	Specify method of recording supply/administration including: names of health professional, patient identifiers, diagnosis, medicines (incl. dose and form) provided, advice given to patient, adverse drug reaction and actions taken, referral arrangements, etc. Must also state that the medicine is administered / supplied under PGD
Specify arrangements for multi-professional annual audit.	A minimum of an annual audit carried out by the medicines management team

References / Resources and Comments	
References/Resources and comments	British National Formulary Summary of Product Characteristics Appropriate national guidelines, for example NICE
Rationale for use	State rationale for use.
Arrangements for updating	Arrangements for updating staff following any major or minor changes included in this version of this PGD.
Arrangements for review	Specify the job title of the person responsible for reviewing this PGD.

PATIENT GROUP DIRECTION (PGD No.) FOR

PGD TITLE	POM/P/GSL

This Patient Group direction must be agreed to and signed by all health care professionals involved in its development and use. The Managing Prescribing Risk subgroups (mental health and community health services) of Drug & Therapeutics Committee will approve all PGDs. The PGD must be easily accessible in the clinical setting.	
Organisation	**Pennine Care NHS Foundation Trust**

Patient Group Direction Developed by: **(Include the names of all persons involved in drawing up this PGD)**			
Name	**Position**	**Signature**	**Date**

Supported by	
Medical Officer	Name: Position: Signature: Date:
Pharmacist	Name: Position: Signature: Date:

Authorisation	
Chief Pharmacist	Name: Position: Signature: Date:
*Director of Nursing	Name: Position: Signature: Date:
Medical Director	Name: Position: Signature: Date:

(* for PGDs which apply to nursing staff)

PATIENT GROUP DIRECTION (PGD No.) FOR

PGD TITLE	**POM/P/GSL**

EXAMPLE OF HOW TO COMPLETE LEARNING OUTCOMES & DEMONSTRATE EVIDENCE OF ASSESSMENT CRITERIA

LEARNING OUTCOMES FOR REGISTERED NURSES EMPLOYED BY PENNINE CARE NHS FOUNDATION TRUST TO ADMINISTER SEASONAL INFLUENZA VACCINE TO PATIENTS UNDER PATIENT GROUP DIRECTION

Aim: To enable the practitioner to administer seasonal influenza vaccine to patients

Learning outcomes

Underpinning knowledge

1. Describe the clinical context in which influenza vaccines should be administered
2. Inclusion criteria
3. Contra-indications and exclusion criteria
4. Dosage regimen and site of administration
5. Side-effects
6. Actions to be taken if staff member declines vaccine or is excluded
7. Documentation required
8. Arrangements for the vaccine storage and how to replenish stock
9. Advice is given to the patient and the cautions required

Performance criteria

1. Evidence of competency in administration of seasonal influenza vaccine
2. Evidence at attendance at BLS/ILS/ALS and anaphylaxis training
3. Evidence of training to supply and administer medicines under PGDs
4. Demonstrate the above knowledge to their assessor.

Assessors
Evidence can be assessed by:

Assessment
Underpinning knowledge can be demonstrated by means of any of the following:

Portfolio or self-directed written work:

or oral questions and responses between assessor and trainee;
or completion of a written test supplied by: …….
or completion of a workbook supplied by : ……...

[Photocopy this page and complete for each member of staff]

Pennine Care NHS Foundation Trust

CERTIFICATE OF COMPETENCE IN PATIENT GROUP DIRECTION

Title and Version of PGD: .....

Name of Health Professional: .....

Designation: .....

Professional qualifications: .....

Department/ Service .....

1. Record of training and dates:

2. Details of relevant experience and dates:

3. Record of Assessment		Assessed by:	Date:
5)	Scope and purpose of the P.G.D.	.....	.....
6)	Clinical condition / situation	.....	.....
7)	Description of Treatment	.....	.....
8)	Continued Management	.....	.....
9)			

4. Other Evidence [of competence, training, knowledge, experience & continuing education]

To be completed by the Manager OR Assessor

The above named Health Professional has achieved the required competency to provide care under this Patient Group Direction.

Signed: ..... Date: .....

[Manager: .....]

To be completed by Health Care Professional

I, ..., confirm that I have received the necessary training and understand this Patient Group Direction. I understand that I must not act beyond my professional competence and will ensure my knowledge is kept up to date.

Signed: ..... Date: .....

PATIENT GROUP DIRECTION (PGD No.) FOR

PGD TITLE	POM/P/GSL

(Copies of this document to be held by Manager and Health Professional)

Patient Information Leaflets

Insert patient information leaflets where available – available from The electronic Medicines Compendium (eMC): http://www.medicines.org.uk/emc/

PATIENT GROUP DIRECTION (PGD No.) FOR

PGD TITLE	POM/P/GSL

Individual Authorisation

PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY.

It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of professional Conduct.

Note to Authorising managers: authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation.

I have read and understood the Patient Group Direction and agree to supply/administer this medicine only in accordance with this PGD

Department/ Service:

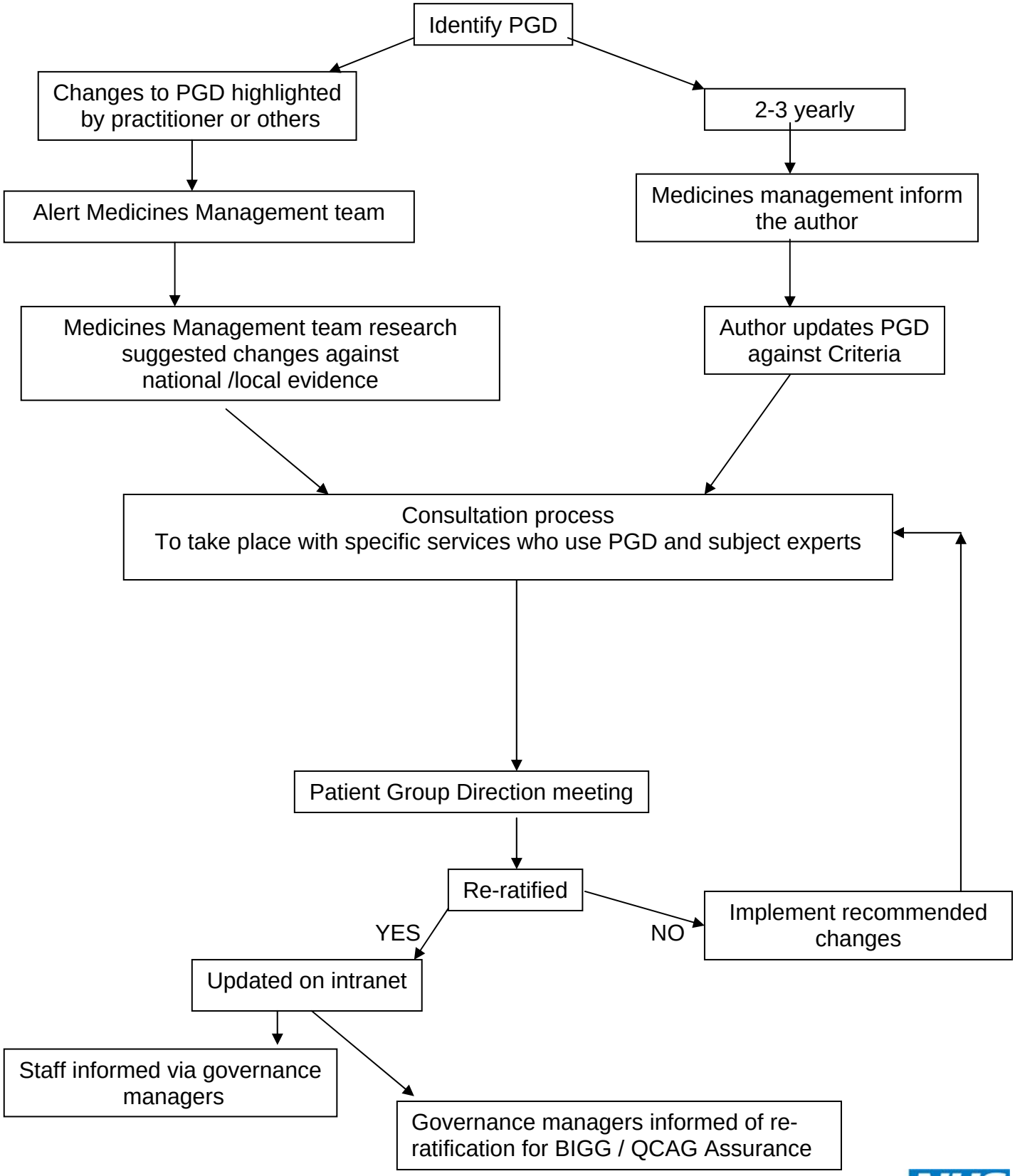
Pennine Care NHS Foundation Trust

Name of Professional	Signature	Authorising Manager	Date

Appendix 3

Pennine Care NHS Foundation Trust

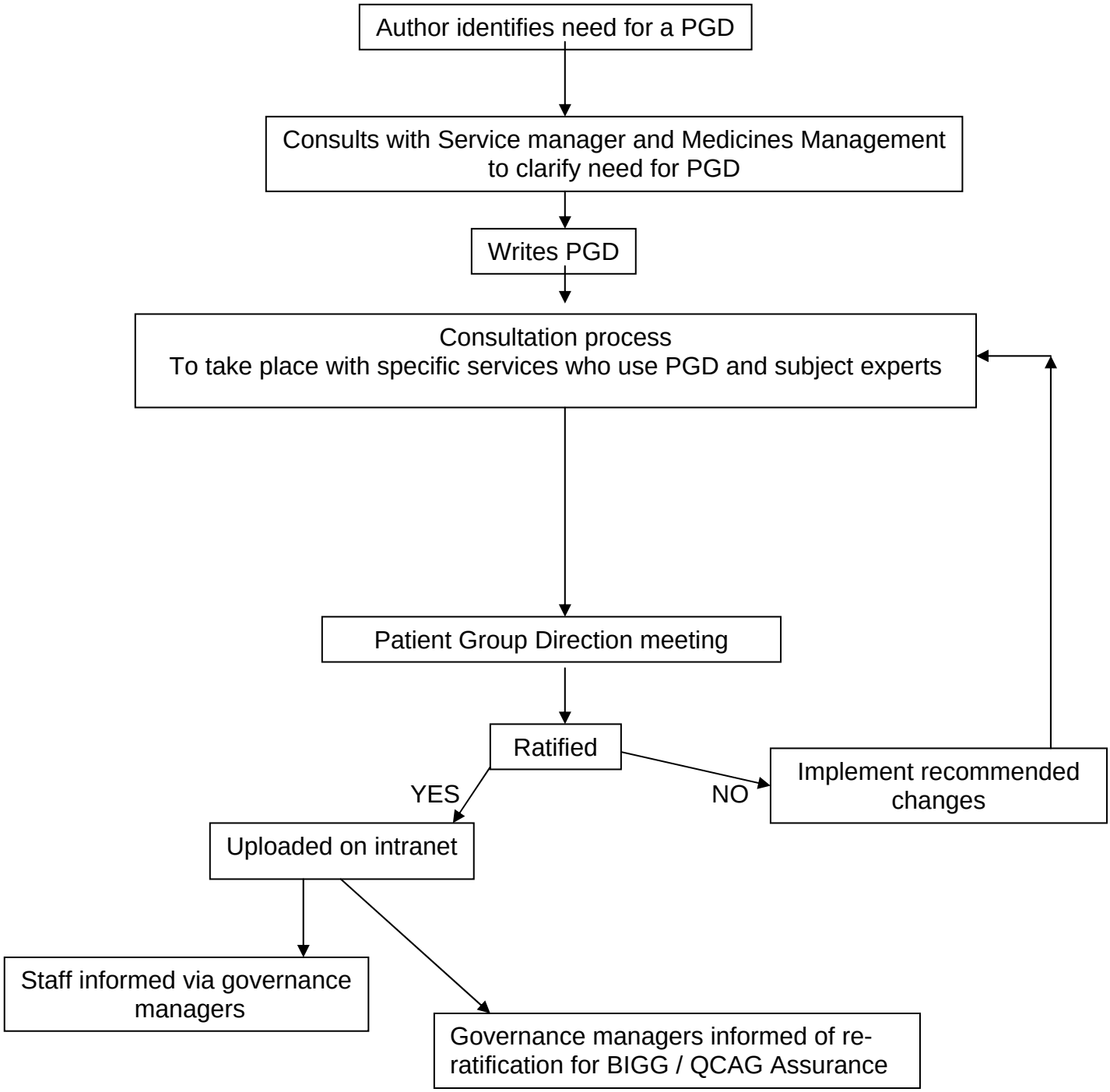
Process for Changes to PGDs



Pennine Care NHS
NHS Foundation Trust

Appendix 4

New PGD Process


Author identifies need for a PGD
Consults with Service manager and Medicines Management to clarify need for PGD
Writes PGD
Consultation process
To take place with specific services who use PGD and subject experts
Patient Group Direction meeting
Ratified
YES
NO
Implement recommended changes
Uploaded on intranet
Staff informed via governance managers
Governance managers informed of re-ratification for BIGG / QCAG Assurance