

POLICY ON PATIENT GROUP DIRECTIONS

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VERSION CONTROL

Number assigned to document:

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DOCUMENT CHANGE HISTORY

Version	Date	Comments
1.0	January 2007	Initial version
1.1	June 2007	Revised version
1.2	November 2007	Revised version
1.3	July 2011	Draft revised version
1.4	August 2011	Draft final version
1.5	November 2011	Final version with amendments from the Patient Safety and Quality Assurance Committee

Sponsoring Director:	Lucy Watson (Acting Director of Nursing & Patient Safety)
Author(s):	Lucy Watson (Acting Director of Nursing & Patient Safety) and Liz Little Quality Improvement Manager Directorate of Nursing and Patient safety
Document Reference:	C4d1a

**CONFIRMATION OF EQUALITY IMPACT ASSESSMENT FOR NHS SOMERSET
DOCUMENTS/POLICIES/STRATEGIES AND SERVICE REVIEWS**

Main aim of the document / policy / strategy / service (*EIA Form Part 2, 1.1*):

Implementation of the use of patient group directions by the appropriate qualified health professionals to provide effective clinical care to patients.

Outcome of the Equality Impact Assessment Process:

Neutral Impact on equality.

Access to medicines via PGDs available according to patient need through the appropriately qualified health professional.

Actions taken and planned as a result of the equality impact assessment, with details of action plan with timescales / review dates as applicable:

Review in June 2014.

Groups / individuals consulted with as part of the impact assessment:

Trust PGD and Non medical Prescribing Steering Group.

POLICY ON PATIENT GROUP DIRECTIONS

1 INTRODUCTION

- 1.1 A Patient Group Direction (PGD) is a specific written instruction for the supply, sale and/or administration of named medicine or vaccine in an identified clinical situation (HSC2006/026). It applies to a defined group of patients who may not be individually identified before presenting for treatment. 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 accountability¹. The supply and administration of medicines under PGDs is not a form of prescribing.
- 1.2 PGDs are drawn up locally by senior doctors, pharmacists and other health professionals and where appropriate, microbiologists. They must be signed by a doctor or dentist and a senior pharmacist, both of whom should have been involved in developing the direction, and must be approved by the appropriate health care body.
- 1.3 This policy applies to health professionals in primary care and to those staff in NHS commissioned services where required.

2 THE PRACTITIONER

- 2.1 In agreement with managers, and subject to professional accountability and competence, the following groups of NHS professionals are eligible to use PGDs:

- Registered nurses
- Midwives
- Health Visitors
- Optometrists
- Pharmacists
- Podiatrists
- Radiographers
- Orthoptists
- Physiotherapists
- Paramedics
- Speech and Language Therapists
- Dieticians
- Occupational Therapists
- Prosthetists
- Orthotists
- Dental therapists and hygienists

3 DEVELOPMENT OF PATIENT GROUP DIRECTIONS

- 3.1 All PGDs in use must be authorised by the Trust. The Quality Improvement Manager and the Pharmacy Adviser will oversee the development and implementation of Patient Group Directions in the Trust.
- 3.2 The flow chart at Annex A sets out the process for the development of patient group directions within the Trust. All requests for Patient Group Directions must be submitted to Quality Improvement Manager in the Nursing and Patient Safety Directorate who will provide authorisation to proceed in the development of the patient group direction and agree the relevant multi disciplinary professionals to be involved.
- 3.3 After a process of consultation as set out in Annex A, the final draft of the patient group direction will be reviewed by the Quality Improvement Manager and Pharmacy Adviser, and submitted to the Trust authorised signatories for patient group directions for approval and signing. The Trust authorised signatories are:
- Nominated GP (Chair)
 - Director of Nursing and Patient Safety
 - Nominated Senior Primary Care Trust Pharmacist
- 3.4 Antimicrobial Patient Group Directions are also reviewed by a Microbiologist.

4 IMPLEMENTING PATIENT GROUP DIRECTIONS

- 4.1 Within each GP practice, the senior practice nurse or practice manager will maintain a practice database of identified practitioners and those patient group directions (PGDs) that they have indicated they are competent and authorised to use.
- 4.2 All professionals who supply and / or administer medication under a patient group direction must have appropriate professional qualifications and act within their professional code of conduct.
- 4.3 The senior clinician either senior practice nurse or general practitioner in each GP practice should be designated with the responsibility to authorise those registered health professionals who are trained and competent, to use a patient group direction. The process of authorisation of registered health professionals should include identification of any additional training needs and assessment of competence to operate the patient group directions.

- 4.4 Each patient group direction (PGD) must be signed by each member of staff who has been assessed as competent to administer drugs detailed within the patient group direction (PGD). The PGD must be countersigned by the senior practice nurse or general practitioner or practice manager and a copy retained in the GP practice. Copies of the PGD must be available in the clinical area where the care is provided or based.
- 4.5 Authorised practitioners in General Practice will send a copy of the signed PGD and a copy of the form at Annex 3 to the Quality Improvement Manager, indicating the patient group directions that they are authorised to use who will then maintain a list of those professionals authorised to use the individual patient group direction (PGD) with a list of the PGDs authorised for use in the Trust.

5 CO ORDINATION OF PATIENT GROUP DIRECTIONS (PGDS)

- 5.1 The Quality Improvement Manager will co-ordinate the administration and management of the PGD process for use by Nursing and Allied Health Professionals.
- 5.2 All PGDs should be reviewed every three years or as directed on the cover sheet for each patient group direction, or when any change to the use of the individual medicine is identified.
- 5.3 New or reviewed and updated patient group directions (PGDs) will be made available to staff via email to practice managers or senior practice nurses or through the primary care bulletin. PGDs will also be available to download from the Trust website.
- 5.4 The Quality Improvement Manager will ensure that only current patient group directions (PGDs) are available to staff in hard copy, or downloadable from the Trust's intranet or circulated via email.
- 5.5 All health professionals who use PGDs should have undertaken a training package for understanding the legal context and professional responsibilities in using PGDs.
- 5.6 The Quality Improvement Manager will maintain an up to date database of patient group directions (PGDs).
- 5.7 The Quality Improvement Manager will maintain database of identified practitioners and those PGDs that they have indicated they are competent and authorised to use.
- 5.8 The Trust will monitor the operation of patient group directions in clinical areas and identify the use of audit of patient group directions when appropriate.

5.9 The use of patient group directions (PGDs) for pharmacists will be managed by the Primary Care Trust Senior Pharmacist for patient group directions in consultation with the Director of Primary Care if necessary.

6 RESPONSIBILITY OF PRACTITIONERS

6.1 Somerset Primary Care Trust (PCT) will authorise use of approved PGDs for use by the practitioners identified in section 2.0 in the following circumstances:

1. The individual is working within the boundaries of the Somerset Primary Care Trust e.g. for a General Practitioner.
2. The individual has demonstrated knowledge by working through the training pack.
3. The individual has been assessed as competent to use a particular PGD by an appropriate senior colleague.
4. The practitioner has signed a statement verifying his/her knowledge and skills/competence.
5. The practitioner has informed the lead manager for PGDs of those directions he/she intends to use by returning a copy of the signed authorisation sheet for the PGD.
6. The health professional must inform the lead manager for PGDs of any new best practice evidence of which they become aware that impacts on a specific PGD
7. It is the responsibility of the practitioner in negotiation with their line manager to address training needs around the use of any particular drug under a PGD.
8. In the case of a new PGD being required due to service development or enhanced skills of staff then the appropriate procedure must be followed (see Annex A).
9. Reflection on outcomes of treatment must form part of a health professional's clinical practice.

7 RESPONSIBILITY OF MANAGERS/ASSESSORS

- verifying the competence of a colleague must be undertaken within the scope of assessor's sphere of professional practice
- negotiation of appropriate training via training and education department

- review of the use of PGDs by individual practitioners at annual appraisal
- informing the Quality Improvement Manager of those PGDs that will be used in the General Practice by returning the form at Annex 3 as requested
- informing the lead manager for PGDs about any concerns regarding the use of PGDs in clinical practice

8 TRAINING

- all staff must undertake the Trust approved PGD training

9 MONITORING

- implementation of the policy is the responsibility of the Senior Practice Nurse or Practice Manager for each GP practice. Adverse incidents relating to the implementation of PGDs will be monitored and addressed as necessary

10 DISSEMINATION

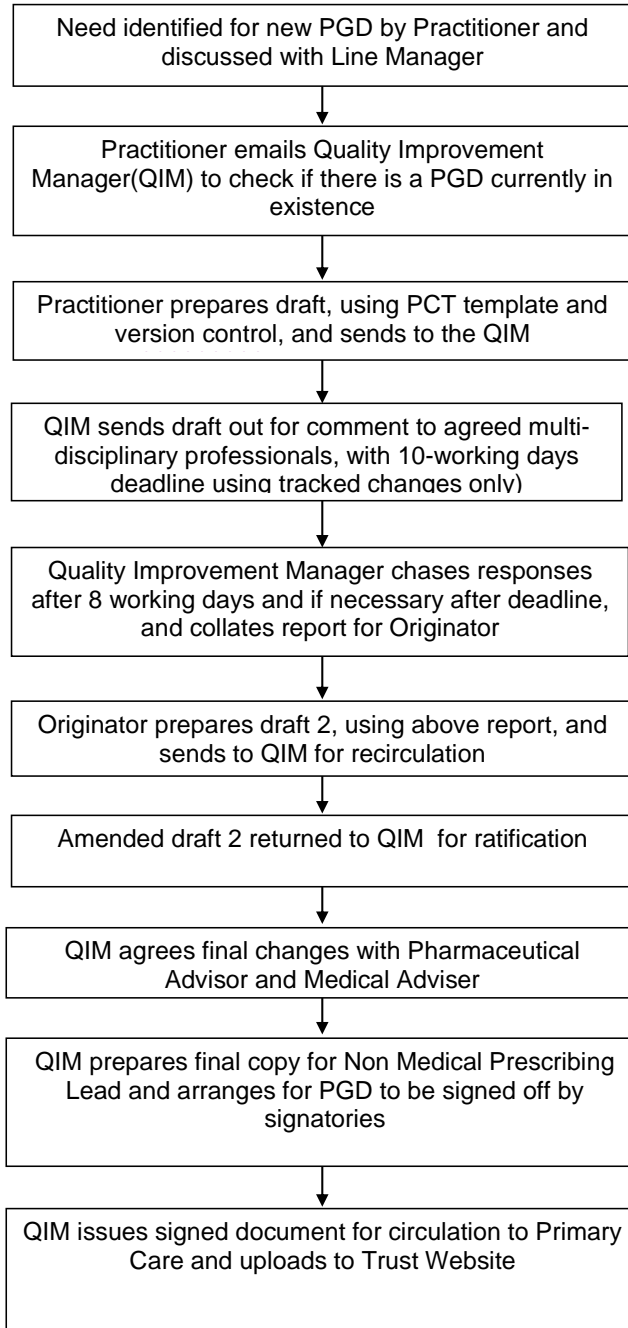
- this policy is available on the Trust Somerset Primary Care Trust Intranet <http://nww.somerset.nhs.uk>
- this policy will be promoted at all relevant training and education programmes.

11 REFERENCES

- Record keeping: Guidance for nurses and midwives (NMC 2009)
- Standards for Medicines Management (NMC 2007)
- Patient Group Directions (National Prescribing Centre 2009)
- Health Service Circular HSC 2000/026
- National Template PGD Information (Department of Health, May 2003)
- Patient Group Directions Pack (Royal Pharmaceutical Society 2003)

ANNEX 1

**SOMERSET PRIMARY CARE TRUST
PROTOCOL FOR THE DEVELOPMENT
OF PATIENT GROUP DIRECTIONS (PGD'S)-**



**PROTOCOL FOR THE DEVELOPMENT OF PATIENT GROUP DIRECTIONS
(PGDs)**

The Reviewing Group:

Practice Nurses

| Quality Improvement Manager

The Signature List:

Nominated GP

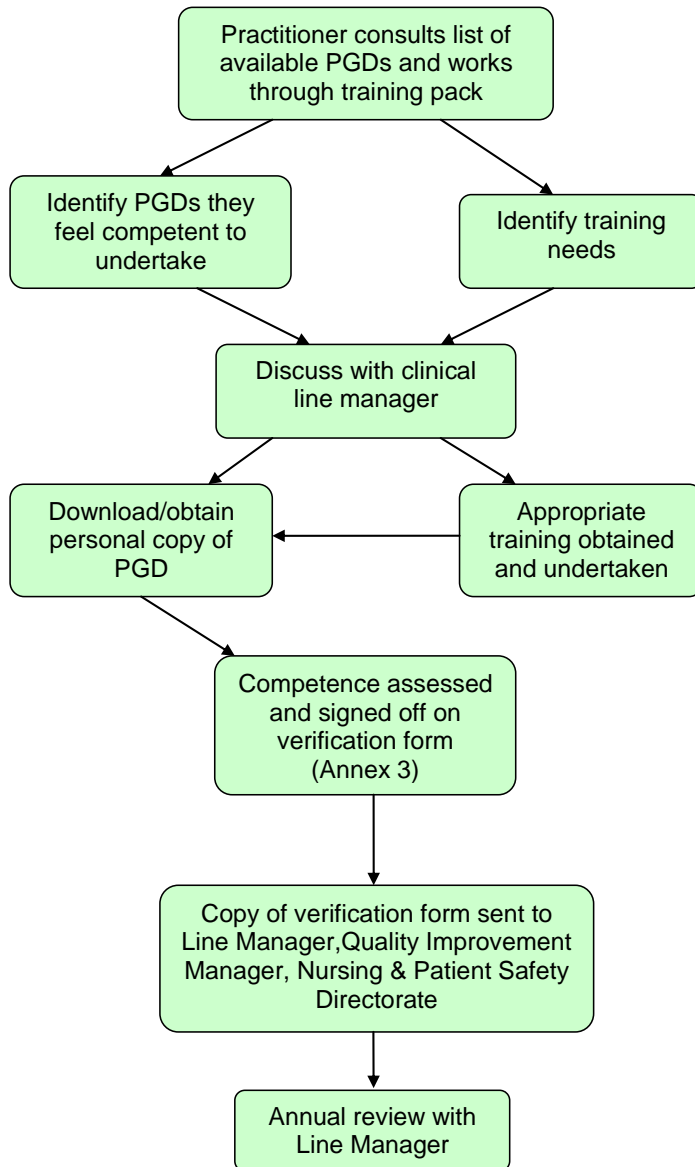
Director of Nursing and Patient Safety

Locality Medicines Manager & Controlled Drugs Officer

| Antibiotic PGDs are also reviewed by a microbiologist.

ANNEX 2

PROCESS FOR HEALTH PRACTITIONERS



ANNEX 3

PATIENT GROUP DIRECTIONS

NOTIFICATION OF INTENTION TO USE/VERIFICATION OF COMPETENCY

Name of Health Practitioner.....

Professional qualifications.....

Work Location.....

Drugs	Last Review Date	Code	PGD in use (TICK)	Initials of practitioner	Assessment Completed (Date)	Initials of Assessor
Section 1: Antibiotics						
Section 4: Local Anaesthetics						
Section 6: Gases						
SECTION 8: EMERGENCY DRUGS						
Section 9: Contraception						
						1.
Section 12: Imms and Vacs						
Section 13: Miscellaneous						

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The above PGDs are approved for use by qualified and certified practitioners within Somerset Primary Care Trust and copies are available to download from the Trust intranet. Please email your local area lead for PGDs / lead manager for PGDs for further advice/discussion of proposed new PGDs.

Please complete the following statements before using Patient Group Directions:

I certify that.....has demonstrated competence in the above Patient Group Directions and where training needs have been identified, these have been actioned. The practitioner understands he/she is only able to use PGDs where competency has been achieved.

Date..... Signature of Assessor.....

Position held.....

I understand that this is a legal document and I am eligible, competent and confident to use the Patient Group Directions indicated above. I agree to use them only in accordance with the criteria described.

Name:..... Signature.....

Designation: Date:

Once signed a copy of this form **MUST** be sent as soon as possible to your:

- Line Manager
- Quality Improvement Manager, Nursing & Patient Safety Directorate

PLAN FOR DISSEMINATION OF PROCEDURAL DOCUMENTS

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Acknowledgement: University Hospitals of Leicester NHS Trust.

Title of document:	Policy on Patient Group Directions		
Date finalised:	November 2011	Dissemination lead: Print name and contact details	Lucy Watson 01935 384130
Previous document already being used?	Yes (Please delete as appropriate)		
If yes, in what format and where?	Paper / Former Primary Care Trust websites		
Proposed action to retrieve out-of-date copies of the document:			
To be disseminated to:	How will it be disseminated, who will do it and when?	Paper or Electronic	Comments
All Staff	Primary Care Trust Intranet	E	Post onto Intranet
Practice Nurses	E-mail	E	Via Practice Managers

Dissemination Record - to be used once document is approved.

Date put on register / library of procedural documents	November 2011	Date due to be reviewed	November 2013
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Disseminated to: (either directly or via meetings, etc)	Format (i.e. paper or electronic)	Date Disseminated	No. of Copies Sent	Contact Details / Comments