

Patient Group Direction (PGD) Process for PCNs to follow in Frimley ICB

Purpose of this document

Produced for healthcare professionals considering developing a PGD in Frimley ICB.

Before a PGD is developed, you must ensure that:

- ✓ PGDs are the safest route for the patient to receive their medicines in the proposed pathway,
- ✓ it is appropriate and legal,
- ✓ the relevant governance arrangements are in place.

This document aims to provide guidance on how to develop a PGD, including essential resources, and explains the process in Frimley ICB to achieve authorisation of a PGD.

What is a PGD?

The definition of a Patient Group Direction (PGD) is “*a written instruction for the sale, supply and/or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.*”

“May or may not be identified” means an individual can either be known to the service/have an appointment (e.g. a baby immunisation clinic) or not be known in advance of presenting at a service (e.g. a walk-in centre).

PGDs are not a form of prescribing. PGDs allow health care professionals specified within the legislation to supply and/or administer a medicine directly to a patient with an identified clinical condition without the need for a prescription or an instruction from a prescriber. The health care professional working within the PGD is responsible for assessing that the patient fits the criteria set out in the PGD.

The supply and/or administration of medicines under a PGD cannot be delegated – the whole episode of care must be undertaken by the health care practitioner operating under the PGD.

Step 1: Is a PGD appropriate?

Check the “[to PGD or not to PGD](#)” tool to assess if a PGD is appropriate and legal. Please note the information from the [MHRA](#) website is incorporated into the tool.

Read the [PGD NICE Medicines practice guideline \(MPG2\)](#) which states that the majority of care should be 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.

Examples of when a PGD can and cannot be used may be found on the [SPS](#) website and in the [document “When PGDs are not required”](#)

Ensure there are adequate resources, such as finance, training, medicines procurement and diagnostic equipment are available for service delivery.

Step 2: Seeking agreement in principle for your PGD.

Consult and put forward the request for using a PGD to the Frimley ICB/ ICB Medicines Optimisation Team, as authorisation of the PGD will be required from Frimley ICB/ ICB. Currently Primary Care Networks are not recognised within current legislation as a body that can authorise PGDs. An e-mail may be sent to your Medicines Optimisation Place Lead cc'ing frimleyICB.prescribing@nhs.net.

Useful information to include in the e-mail:

- ✓ name of the PGD, details of the medicine (including pack size) and condition to be treated
- ✓ where in the service pathway the PGD will be used and the organisation using the PGD,
- ✓ which healthcare professionals will be using the PGD,
- ✓ what is the benefit/ risks to patients for supply of medicines via this route,
- ✓ who will be involved in writing the PGD,
- ✓ where will the budget for the medicines to be supplied/ administered come from
- ✓ any further relevant information.
- ✓ timescales

The proposal will be discussed at next available Medicines Optimisation Group meeting and outcome notified to the named proposer.

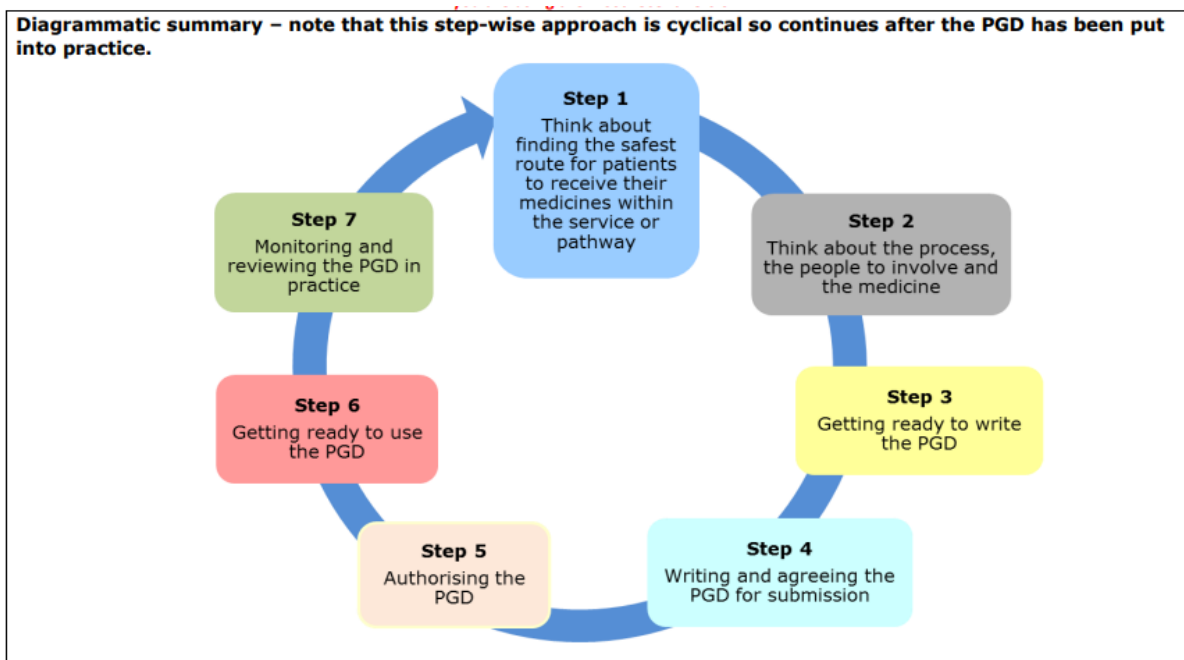
Step 3: PGD Template.

Once the development of the proposed PGD has been agreed in writing by the Medicines Optimisation Team the PGD may then be written. The [NICE PGD template](#) may be used.

Step 4: Writing the PGD.

The PGD should be written with input from a doctor, pharmacist and a healthcare professional from the group who will be using the PGD. In addition, an expert in antibiotics, if a PGD for an antibiotic is being written e.g. Consultant Microbiologist. Please ensure you refer to the SPC for the medication included in the PGD as well as relevant local and national guidance e.g. BNF, SCAN, NICE, CKS, FSRH.

Further useful information may be found in the document "[Quality PGDs – 7 steps to success](#)".



Step 5: Checking your PGD

Common areas to check include:

- references,
- names of people involved in writing the document, these should all be members of your organisation,
- version number and expiry date (2 years is usual, however 3 years may be appropriate, if the PGD is to be used within a well-established service and using a non black triangle medication)

Submit the PGD to email: frimleyICB.prescribing@nhs.net

Step 6: Authorising the PGD

The ICB/ICB as the authorising organisation will review, check and sign off the PGD. Governance process:

1. New PGDs to be taken to the Medicines Board. It will then be signed off by the Chief Pharmacist, the Medical Director, and the Director of Nursing/ Executive Chief Nurse (good practice). Please be aware this process may take up to 2-3 months.
2. Existing PGDs updated without clinical changes may be signed off by as above without need to be taken to the Medicines Board.

The ICB will keep a log of authorised PGDs and regularly check expiry dates to prompt a review is scheduled, before expiry.

Step 7: The PGD is ready to be put into practice.

Once signed by the authorising organisation's signatories, a copy of the signed PGD will be returned. The master copy will be held by the ICB/ ICB.

Follow the [Quality PGDs- 7 steps to success](#), which will support you introduce the PGD safely into practice. Before using the PGD, please consider the following: individual practitioners may require training in the use of the PGD, the PGD must be signed by the practitioner and be signed off by their service manager, using the Health professionals' agreement to practise.

If the PGD is to be used across a PCN, each practice should adopt and authorise their staff to use it, with each practice responsible for making sure their staff are trained, competent and complete the necessary records. Further information regarding the use of PGDs within a PCN is available on the [SPS website](#).

Once the PGD use is established, an audit of it's use may be undertaken to demonstrate signed practitioners' compliance to the PGD.

Step 8: Reviewing and Updating the PGD

Establish a programme for reviewing, updating, and reauthorising the PGD.

Where existing PGDs are updated and there are no changes to content then the PGD can go direct for signing by the authorising signatories. If there are changes the PGD will be reviewed by the Medicines Board.

Reference: <https://www.sps.nhs.uk/home/guidance/patient-group-directions/>

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