

NHS Community Pharmacy Contractual Framework Enhanced Service – Patient Group Directions (PGD) (Supply and/or Administration of Medicines under a PGD)

1. Service description

- 1.1 The pharmacy will supply and / or administer Prescription Only Medicines (POMs) under a Patient Group Direction to groups of patients who may not be individually identifiable prior to presentation at the pharmacy, where the PCT believes it will improve access to medicines.
- 1.2 The PGD will be signed by a senior doctor and a senior pharmacist and be authorised by the PCT/NHS Trust.
- 1.3 The pharmacist will assess each patient on the basis of the PGD requirements and will provide support and advice to the patient for the condition being treated, including referral to other health and social care providers where appropriate.
- 1.4 Examples of medicines which could be supplied using a PGD include: influenza vaccine, oral antivirals and orlistat.

2. Aims and intended service outcomes

- 2.1 To support self-care and improve health.
- 2.2 To improve choice, convenience and access to treatment by:
 - ◆ making medicines available via PGDs where there would otherwise be problems in accessing the medicines easily or promptly; and
 - ◆ providing medicines at NHS expense for those exempt from prescription charges. People who are not exempt from prescription charges would be required to pay the normal prescription charge.
- 2.3 To provide advice and support alongside treatment or prophylaxis for the condition being managed.
- 2.4 To improve primary care capacity, for example by reducing medical practice workload or augmenting capacity.

3. Service outline

- 3.1 The part of the pharmacy used for the provision of the service provides a sufficient level of privacy (ideally at the level required for the provision of the Medicines Use Review service¹) and safety and meets other locally agreed criteria.
- 3.2 The pharmacy contractor has a duty to ensure that pharmacists involved in the provision of the service have the relevant knowledge and are appropriately trained in the operation of the service, including sensitive, client-centred communication skills and adequate knowledge of the medical condition for which medicines are being supplied and / or administered.
- 3.3 The pharmacy contractor has a duty to ensure that the pharmacists involved in the provision of the service are aware of and operate within local protocols.
- 3.4 Pharmacists who supply and administer medicines under the PGD must undertake any local training that the PCT may require them to, prior to commencing provision of the service.
- 3.5 Pharmacists who supply and administer medicines under the PGD must act within their competencies and must sign and retain a copy of the PGD.
- 3.6 The pharmacy must maintain appropriate records, including a record of the name of the pharmacist providing treatment, patient identifiers and the medicine provided, to ensure effective ongoing service delivery and audit. Records will be confidential and must be stored securely and for a length of time in line with local NHS record retention policies.
- 3.7 On occasions pharmacists may need to share relevant information with other health care professionals and agencies, in line with local and national confidentiality and data protection arrangements, including the need for the permission of the person to share the information.

- 3.8 The PCT will need to provide up to date details of other services to which people who require further assistance can be referred. The information should include the location, hours of opening and services provided by each service provider.
- 3.9 Eligibility criteria and referral pathways for this service are agreed locally with the PCT.
- 3.10 Where national guidelines already exist for a therapeutic area (e.g. NICE guidelines) then these should be taken account of.
- 3.11 The PCT will need to provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.
- 3.12 The PCT should consider obtaining or producing health promotion and other relevant material to give to service users.
- 3.13 The PCT should consider obtaining or producing leaflets relevant to the conditions being treated under the PGD.
- 3.14 The PCT should arrange at least one contractor meeting per year to promote service development and update pharmacy staff with new developments, knowledge and evidence.
- 3.15 The PGD must contain the following (as specified in legislation):
 - a) The name and address of the business to which the direction applies;
 - b) The date the direction comes into force and the date it expires;
 - c) A description of the medicine(s) to which the direction applies;
 - d) The class of health professional who may supply or administer the medicine;
 - e) A signature of a doctor or dentist as appropriate and a pharmacist;
 - f) A signature of a representative of the appropriate health organisation;
 - g) The clinical condition or situation to which the direction applies;
 - h) A description of those patients excluded from treatment under the direction;
 - i) A description of the circumstances in which further advice should be sought from a doctor (or dentist, as appropriate) or other appropriate healthcare professional and arrangements for referral;
 - j) Details of appropriate dosage and maximum safe dosage, quantity and pharmaceutical form and strength, route and frequency of administration and minimum or maximum period over which the medicines should be administered;
 - k) Relevant warnings, including potential adverse drug reactions;
 - l) Details of any necessary follow-up action; and
 - m) A statement of the records to be kept for audit purposes.

4. Suggested Quality Indicators

- 4.1 The pharmacy has appropriate PCT provided patient literature/health promotion and other material available and a suitable area within the pharmacy for display of these materials. The pharmacy can demonstrate how it actively promotes the uptake of these materials.
- 4.2 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- 4.3 The pharmacy can demonstrate that pharmacists involved in the provision of the service have undertaken CPD relevant to this service.
- 4.4 The pharmacy participates in an annual PCT organised audit of service provision.
- 4.5 The pharmacy co-operates with any locally agreed PCT-led assessment of service user experience.
- 4.6 The pharmacy can demonstrate robust quality assurance for any processes or equipment used.

Background information

Particular caution should be exercised in any decision to draw up PGDs for antibiotics. In this circumstance a local microbiologist should be involved in drawing up the PGD. The local Drug and Therapeutics Committee or the Area Prescribing Committee or its equivalent should ensure that such directions are consistent with local policies and subject to regular external audit.

DH guidance: Health Service Circular 2000/026 Patient Group Directions available at: <http://www.dh.gov.uk/assetRoot/04/01/22/60/04012260.pdf>

Example PGDs are available on the National Electronic Library for Medicines PGD portal: www.nelm.nhs.uk.

ⁱ The requirements for consultation areas are detailed in The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005 as amended: www.dh.gov.uk/mpi.