

Patient group direction template

Patient group directions

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| This patient group direction (PGD) template accompanies the [NICE guideline on patient group directions](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations). Issue date: August 2013 [updated January 2018].Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in the guidance should be interpreted in a way that would be inconsistent with compliance with those duties. This PDG template is a tool to support the implementation of NICE guidance. It is not NICE guidance. |

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# Introduction

Patient group directions (PGDs) provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine(s) to a pre‑defined group of patients, without them having to see a prescriber.

Supplying and/or administering medicines under PGDs should be reserved for situations in which this offers an advantage for patient care, without compromising patient safety. For example, a PGD may be appropriate for supplying a medicine to a patient seeking treatment for a minor ailment in a community pharmacy or walk-in centre.

The current legislation for PGDs is included in [The Human Medicines Regulations 2012](http://www.legislation.gov.uk/uksi/2012/1916/contents/made). This legislation was amended in April 2013 to reflect changes to NHS organisational structures in England (see [The National Treatment Agency [Abolition] and the Health and Social Care Act 2012 [Consequential, Transitional and Saving Provisions] Order 2013](http://www.legislation.gov.uk/uksi/2013/235/schedule/2/paragraph/176/made)).

Specific information must be included in a PGD for it to be legally valid (see [The Human Medicines Regulations 2012 [section 16, part 1]](https://www.legislation.gov.uk/uksi/2012/1916/schedule/16/part/1/made)). In addition, a PGD must be signed by a doctor (or dentist), a pharmacist, and on behalf of the authorising body (see [terms used in the guideline](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#terms-used-in-the-guideline) and [section 1.3](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#developing-patient-group-directions)).

Local PGD templates have been developed to ensure that PGDs contain the required information and are consistent within the organisation. The NICE guideline recommends that:

‘All legally required information must be included in a PGD in line with [The Human Medicines Regulations 2012 (schedule 16, part 1)](http://www.legislation.gov.uk/uksi/2012/1916/schedule/16/part/1/made). Use a standard template to ensure that the format is consistent across the organisation.’

This PGD template has been developed to support commissioners and providers of NHS services in developing local PGDs that are in line with current legislation and NICE guidance.

## Points to consider before using this PGD template

The need for a PGD in a specific clinical situation should be considered locally by reviewing the care pathway and exploring all the options for prescribing, supplying and/or administering medicines (see [section 1.1 of the guideline](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#considering-the-need-for-a-patient-group-direction)). The formal agreement of the authorising body (see [terms used in the guideline](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#terms-used-in-the-guideline)) should be obtained before proceeding to develop a PGD (see [section 1.2 of the guideline](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#obtaining-agreement-to-develop-a-patient-group-direction)).

This PGD template should only be used in conjunction with the NICE guideline on patient group directions.

Organisations may already have an established local PGD template in use. However, organisations may want to review whether the content of their current PGDs is consistent with this PGD template, NICE guidance and current legislation.

This PGD template contains the minimum information that should be included in a PGD. PGDs should be concise and easy to follow with the appropriate amount of clinical information to ensure that the health professional working under the PGD can deliver safe and effective patient care.

## Developing a PGD using this template

A named lead author should have responsibility for developing a PGD, supported by a locally determined multidisciplinary PGD working group (see [terms used in the guideline](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#terms-used-in-the-guideline)). This should include a doctor (or dentist), a pharmacist and a representative of any other professional group who will practise under the PGD (see [section 1.3 of the guideline](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#developing-patient-group-directions)).

The content and/or layout of this template may be adapted by the PGD working group for local use. For example, additional sections may be added if the PGD includes more than 1 medicine (see [section 1.1 of the guideline](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#considering-the-need-for-a-patient-group-direction)). Additional appendices may also be added, according to the locally agreed policy. However, appendices should be kept to a minimum and the PGD should signpost to additional information, where possible.

Text highlighted grey and in square brackets should be replaced with the user’s own text. For example, where [health professionals] is stated, replace the text with the relevant health professionals, such as ‘nurses’.

## Authorising a PGD

Organisations have a responsibility to ensure that a PGD is authorised within the legal framework and local governance arrangements (see [section 1.4 of the guideline](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#authorising-patient-group-directions)). This PGD template includes all signatures that are required by legislation, or considered to represent good practice. Electronic signatures may be used in line with the [Specialist Pharmacy Service’s advice about electronic systems and PGDs](https://www.sps.nhs.uk/articles/questions-electronic-systems-and-pgds/). Additional signatures may be added, according to the locally agreed policy. The section on PGD adoption by the provider may be removed if this is not relevant locally (see section 1.4 of the guideline).

The authorising body is responsible for the content of any PGD developed using this PGD template, and for maintaining appropriate organisational records (see [section 1.8 of the guideline](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#organisational-governance)).

[Insert logo of authorising body]

[Additional organisational logo(s) as agreed locally]

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| --- |
| This patient group direction (PGD) must only be used by registered [health professionals] who have been named and authorised by their organisation to practice under it. The most recent and up to date final signed version of the PGD should be used. |

Patient group direction

for the [supply/administration] of

[Name of medicine]

by registered [health professional group(s)] for

[Condition/situation/patient group]

in [location/service/organisation]

Version number:

Change history

| Version number | Change details | Date |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

Document details

|  |  |
| --- | --- |
| Reference number |  |
| Valid from |  |
| Renew date |  |
| Expiry date |  |

# PGD development

People responsible for PGD development

| Name  | Job title and organisation | Signature  | Date |
| --- | --- | --- | --- |
| [Lead author] |  |  |  |
| [Lead doctor (or dentist)] |  |  |  |
| [Lead pharmacist] |  |  |  |
| [Representative of other professional group using PGD] |  |  |  |
| [Other members of the PGD working group] |  |  |  |

# PGD authorisation

People responsible for PGD authorisation

| Name  | Job title and organisation  | Signature | Date |
| --- | --- | --- | --- |
| [Senior doctor (or dentist)] |  |  |  |
| [Senior pharmacist] |  |  |  |
| [Senior representative of professional group using the PGD] |  |  |  |
| [Person signing on behalf of authorising body] |  |  |  |

# PGD adoption by the provider (if applicable)

People responsible for PGD adoption

| Name  | Job title and organisation | Signature  | Date |
| --- | --- | --- | --- |
| [Signatures to be determined locally, if relevant] |  |  |  |

# Training and competency of registered [health professionals]

Requirements of working under the PGD

|  |  |
| --- | --- |
| Qualifications and professional registration |  |
| Initial training |  |
| Competency assessment |  |
| Ongoing training and competency |  |

# Clinical condition

Condition-specific information

|  |  |
| --- | --- |
| Clinical condition or situation to which this PGD applies |  |
| Inclusion criteria |  |
| Exclusion criteria  |  |
| Cautions (including any relevant action to be taken) |  |
| Arrangements for referral for medical advice |  |
| Action to be taken if patient excluded  |  |
| Action to be taken if patient declines treatment |  |

# Details of the medicine

Medicines information

|  |  |
| --- | --- |
| Name, form and strength of medicine (include an inverted black triangle [▼] for licensed medicines that are intensively monitored and subject to special reporting arrangements for adverse events) |  |
| Legal category |  |
| Indicate any off-label use (if relevant)  |  |
| Route/method of administration |  |
| Dose and frequency |  |
| Quantity to be administered and/or supplied |  |
| Maximum or minimum treatment period |  |
| Adverse effects |  |
| Records to be kept  |  |

# Patient information

Information for patients

|  |  |
| --- | --- |
| Written information to be given to patient or carer |  |
| Follow-up advice to be given to patient or carer |  |

# Appendices

## Appendix A: key references

1. [Such as NICE guidance and summary of product characteristics]

## Appendix B: [health professionals’] agreement to practise

[Insert statement to be signed by individual health professionals agreeing to practice under the PGD.

For example:

I have read and understood the patient group direction and agree to supply and/or administer this medicine only in accordance with this PGD.]

Details of participating individual

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Signature | Senior authorising representative  | Date |
|  |  |  |  |

[Other appendices may be added as agreed locally.]