## PATIENT GROUP DIRECTION FOR THE SUPPLY OF [EXAMPLE]

## MANAGEMENT OF PATIENT GROUP DIRECTION

This Patient Group Direction must be read, agreed to and signed by all healthcare professionals involved in its use. The original signed copy should be held by a designated person and must be easily accessible to healthcare professionals in the clinical setting. In all cases the healthcare professional will follow the code of conduct as defined by their professional body.

	Name	Signature	Date		
<b>Developed by LOCAL DEVELOPMENT</b>	TEAM	Stotono, dono			
Doctor					
Practitioner					
Pharmacist					
Approved by PGD SUB-GROUP OF TH	IE MEDICINES POLICY	COMMITTEE			
Chairperson					
		1			
Approved by AUTHORISED NHS LOTH	IIAN DRUGS AND THE	APEUTICS COMMITTE	EE		
Chairperson/Deputy of Committee	Dr Simon Maxwell				
AUTHORISED BY Medical Director	Dr Tracey Gillies	Insert name and signature of the main/base pharmacist in			
		the pharmacy. Al	so insert		
LOCAL MANAGEMENT Practice/Ward/Department/Directorate		date signed.			
Clinical Lead		Insert name and sig	nature of the pers		
Practitioner Manager (if applicable)		who will be responsible for the upkeep of the list on the following page. This			
Pharmacist (if applicable)		does not have to be could be a non phar			
Name of Designated PGD Holder (Responsible for ensuring names of healthcare professionals issuing under this PGD are kept up to date		lead technician for example. Also insert date signed.			

DATE AUTHORISED FOR USE	REVIEW DATE	EXPIRY DATE
[XXXXXX]	[XXXXXX]	[XXXXXX]

	Insert contractor code here then list all pharmacists who are working under the PGD in this pharmacy below.
Contractor Code	
Locum	Insert locum name here and sign below.

AUTHORISED PRACTITIONER LIST:								
I have read and understood the Patient Group Direction and agree to use it and acknowledge that it is my responsibility to maintain my knowledge, skills and competencies through CPD.								
Name		Signature	GPhC Number		Date			
		Complete de	etails –					
	for each pharmacist							
		working und						
			iei uie					
		PGD						
Once all circled areas are completed, a copy must be retained in the pharmacy and a copy sent in to the Primary Care Contracts Organisation (PCCO). This can either be scanned and e-mailed or posted to the following address:								
e-mail:communitypharmacy.contract@nhslothian.scot.nhs.uk								
Con	Community Pharmacy Contract Support Officer							
Primary Care Contracts Organisation NHS Lothian								
2nd	Floor							
2-4	verley Gate Waterloo Place							
	nburgh 1 3EG							
			1					