NHS Greater Glasgow & Clyde Patient Group Directions (PGD) for Health Care Professionals



Local Authorisation:

Local Authorisation:								
Service Area for which I	Community Pharmacy							
Record/Audit Trail	There must be appropriate records kept and maintained by the pharmacist to enable verification of service provision and training requirements, and provide information for internal and external audit and evaluation purposes.							
Nominated individual and up to date (Lead F			st of practitio	ners oper	ating unde	er the Po	D current	
Name:		Signature:		Designation:		: Date:		
Alan Harrison Email contact address: alan.harrison@ggc.scot.nhs.uk		alantamen		Lead Pharmacist Community Care			18/08/2022	
PGD DOES NOT REM It is the responsibilit competence and in a	MOVE INHE	rofessiona	ıl to practice (only withi	n the bour	nds of th		
Name of Pharmacist				G	SPhC No			
I have read and under and agree to supply /								
Fusidic Acid 2% Cream v2	Sign:					Date:		
I have read and under and agree to supply /								
Nitrofurantoin Caps MR 100mg / Tabs 50mg v2	Sign:					Date:		
I have read and under and agree to supply /								
Trimethoprim 200mg Tabs	s v2 Sign:					Date:		
Normal Pharmacy Loc Only one Pharmacy where appropriate. If If you are a Locum, p	name and c you work i	n more tha	an 2 HB areas					
Name & Contractor co	ode HB							
Locum Home Address	3							
Email address (prefera	ably NHS)							
Please indicate your p	osition withi	n the pharr	macy by ticking	g one of the	e following	:		
Locum	Emplo	yee	Ma	nager		Owr	ner	

Please return to Community Pharmacy Development Team by post: Clarkston Court, 56 Busby Road, Glasgow, G76 7AT. Email: ggc.cpdevteam@nhs.scot