



Patient Group Direction (PGD)

This PGD authorises community pharmacists to supply beclometasone 50micrograms/actuation nasal spray to patients aged 6 years and over presenting with symptoms of seasonal allergic rhinitis with persistent congestion under NHS Pharmacy First Scotland.

Publication date: 17 May 2023

NPGD 23 306 v1.0



Most Recent Changes

Version	Date	Summary of changes
1.0	17/05/2023	<ul style="list-style-type: none">New national PGD produced.

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Authorisation

This PGD is not legally valid until it has had the relevant organisational authorisation.


PGD beclometasone 50micrograms/actuation nasal spray

This specimen PGD template has been produced in collaboration with the Primary Care Community Pharmacy Group to assist NHS Boards in the uniform provision of services under ‘NHS Pharmacy First Scotland’ banner across NHS Scotland. NHS Boards should ensure that the final PGD is considered and approved in line with local clinical governance arrangements for PGDs.

The community pharmacist who may supply beclometasone nasal spray under this PGD can do so only as a named individual. It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with the General Pharmaceutical Council Standards for Pharmacy Professionals and to ensure familiarity with the manufacturer’s product information/summary of product characteristics (SPC) for all medicines supplied in accordance with this PGD.

NHS Board governance arrangements will indicate how records of staff authorised to operate this PGD will be maintained. Under PGD legislation there can be no delegation. Supply of the medicine has to be by the same practitioner who has assessed the patient under the PGD.

This PGD has been approved on behalf of NHS Scotland by NHS 24 by:

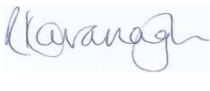
Doctor (Name / Signature): Dr Laura Ryan 

Pharmacist (Name /Signature): Dr John McAnaw 

NHS Scotland representative (Name / Signature): Mr Jim Miller 

Approved on behalf of NHS Ayrshire & Arran by:

Medical Director : Dr Crawford McGuffie 

Director of Pharmacy: Roisin Kavanagh 

PGD Chair, Jen Pennycook

Date approved: 22nd June 2023



It is the responsibility of the person using the PGD to ensure they are using the most recent issue.

Expiry date: 17 May 2026

1. Clinical situation

1.1. Indication

Relief of symptoms of seasonal allergic rhinitis.

1.2. Inclusion criteria

Patients aged 6 years and older with symptoms of seasonal allergic rhinitis.

NB: A combination of allergy treatment products may be required to obtain acceptable symptom control. However, beclometasone nasal spray should not be used together with other nasal steroid treatments.

Valid consent to receiving treatment under this PGD has been obtained.

1.3. Exclusion criteria

Patients under 6 years of age.

Hypersensitivity to beclometasone or to any of the excipients within the nasal spray.

Nasal blockage in the absence of rhinorrhoea, nasal itch and sneezing.

Unilateral discharge.

Untreated localised infection involving the nasal mucosa e.g., herpes simplex.

Patients with symptoms associated with acute bacterial sinusitis e.g., fever, severe pain, purulent nasal discharge.

Patients who have experienced recent nasal surgery or trauma where healing is not complete.

Pregnancy.

Breast Feeding.

Individuals for whom no valid consent has been received.

1.4. Cautions/need for further advice/ circumstances when further advice should be sought from a doctor

Consult **Beconase® Aqueous Nasal Spray - (SmPC)** for full list of cautions and special warnings.

- Systemic effects of nasal corticosteroids may occur, particularly at high doses prescribed for prolonged periods. These effects are much less likely to occur than with oral corticosteroids and may vary in individual patients and between different corticosteroid preparations.

Potential systemic effects may include Cushing’s syndrome, Cushingoid features, adrenal suppression, growth retardation in children and adolescents, cataract, glaucoma and more rarely, a range of psychological or behavioural effects including psychomotor hyperactivity, sleep disorders, anxiety, depression or aggression (particularly in children).

- Although beclometasone aqueous nasal spray will control seasonal allergic rhinitis in most cases, an abnormally heavy challenge of summer allergens may in certain instances necessitate appropriate additional therapy particularly to control eye symptoms (consider olopatadine PGD).
- Beclometasone aqueous nasal spray contains benzalkonium chloride which may cause wheezing and breathing difficulties (bronchospasm) especially if the patient has asthma. Patient should stop using the medicine and seek further medical advice if required.

- Visual disturbance – if patient presents with visual disturbances e.g., blurred vision or other visual disturbances, referral to an ophthalmologist should be considered for evaluation of possible causes.

1.5. Action if excluded

Consider alternative NHS Pharmacy First Scotland treatments (either under PGD or otherwise).

If appropriate, refer to GP practice and document the reason for exclusion and any action taken in Patient Medication Record (PMR).

1.6. Action if patient declines

If appropriate, refer to GP practice and document the reason for declining treatment and advice given in PMR.

2. Description of treatment

2.1. Name of medicine/form/strength

Beclometasone dipropionate 50micrograms /actuation nasal spray

2.2. Route of administration

Nasal Spray

2.3. Dosage

Two sprays in each nostril twice daily (400micrograms /day).

Once control has been established, it may be possible to maintain control with fewer sprays. A dosage regimen of one spray in each nostril morning and evening has shown to be efficacious in some patients. However, should symptoms recur, patients should revert to the recommended dosage of two sprays into each nostril morning and evening. The minimum dose should be used at which effective control of symptoms is maintained. Total daily administration should not normally exceed eight sprays.

2.4. Frequency

Twice daily administration

2.5. Duration of treatment

Supply can be repeated for up to 6 months if required i.e., duration of hay fever season.

2.6. Maximum or minimum treatment period

For full therapeutic benefit regular use is essential. The co-operation of the patient should be sought to comply with the regular dosing schedule, and it should be explained that maximum relief may not be obtained within the first few applications.

2.7. Quantity to supply

1 x 200 dose nasal spray per supply.

2.8. ▼ black triangle medicines

No

2.9. Legal category

Prescription Only Medicine (POM).

In accordance with the MHRA all medicines **supplied** under a PGD **must** either be from over-labelled stock or be labelled appropriately in accordance with the regulatory body guidelines for the labelling of medicines for the professional providing the supply.

2.10. Is the use out with the SPC?

No.

2.11. Storage requirements

As per manufacturer’s instructions

Store below 30 °C in a cool, dry place. Keep container in the outer carton.

Use within 3 months of first use.

2.12. Additional information

None

3. Adverse reactions

3.1. Warnings including possible adverse reactions and management of these.

Please refer to current BNF, BNF for Children or SPC for full details.

If a patient experiences any side effects that are intolerable or hypersensitivity reactions occur, the medication should be discontinued.

Common side effects include sneezing, unpleasant taste or smell, dry or painful nose or throat, nose bleeds, mild allergic reactions (rash, urticaria, pruritis, erythema).

Very rare side effects include damage to nose, cataracts, glaucoma.

For a full list of side effects, refer to the marketing authorisation holder's Summary of Product Characteristics (SPC). A copy of the SPC must be available to the health professional supplying the medication under this PGD. This can be accessed on www.medicines.org.uk.

In the event of severe adverse reaction e.g., swelling of eyes, face, lips or throat, shortness of breath or wheezing, developing of rash or feeling faint, individuals should be advised to seek medical advice immediately.

3.2. Reporting procedure for adverse reactions

Pharmacists should document and report all adverse incidents through their own internal governance systems.

All adverse reactions (actual and suspected) should be reported to the appropriate medical practitioner and recorded in the patient's medical record. Pharmacists should record in their PMR and inform the patient's GP as appropriate.

Where appropriate, healthcare professionals and individuals/carers should report suspected adverse reactions to the Medicines and Healthcare products Regulatory

Agency (MHRA) using the Yellow Card reporting scheme. Yellow cards and guidance on their use are available at the back of the BNF or online at www.mhra.gov.uk/yellowcard.

3.3. Advice to patient or carer including written information

Written information to be given to individuals:

- Provide manufacturer’s consumer information leaflet/patient information leaflet (PIL)

Verbal advice to be given to individuals/parent/carer:

- Advise individual on mode of action, benefits of the medicine, possible side effects and their management.
- Give general advice for managing high pollen count: stay indoors as much as possible, keeping windows and doors shut; avoid cutting grass, large grassy places and camping; shower and wash your hair after being outdoors, especially in the countryside; wear wrap-around sunglasses when outside; keep car windows closed and consider buying pollen filters for car air vents.
- When using nasal spray for first time, the pump should be primed. See PIL for full details.
- Advise patient of nasal spray technique – see PIL for details.
- It may take several days to obtain the full therapeutic effects of the medication.
- If condition worsens or symptoms persist seek further medical advice, initially from the pharmacy.
- Inform the individual that they can report suspected adverse reactions to the MHRA using the Yellow Card reporting scheme on: www.mhra.gov.uk/yellowcard.

3.4. Monitoring

Not applicable

3.5. Follow up

Advise patient if symptoms do not improve after 1 month of regular use or worsening symptoms, they should return to the pharmacy for re-assessment. If patient has exhausted all treatment options available in community pharmacy or is requiring to use for more than 6 months, then refer to GP practice for review.

3.6. Additional facilities

The following should be available when the medication is supplied:

- An acceptable level of privacy to respect patient’s rights to confidentiality and safety
- Access to a working telephone
- Access to medical support (this may be via telephone)
- Approved equipment for the disposal of used materials
- Clean and tidy work areas, including access to hand washing facilities or alcohol hand gel
- Access to current BNF (online version preferred)
 - [BNF British National Formulary - NICE](#)
 - [BNF for Children British National Formulary - NICE](#)
- Access to SmPC/PIL/Risk Minimisation Material:
 - [Home - electronic medicines compendium \(emc\)](#)
 - [MHRA Products | Home](#)
 - [RMM Directory - \(emc\)](#)
- Access to copy of current version of this PGD

4. Characteristics of staff authorised under the PGD

4.1. Professional qualifications

Pharmacist with current General Pharmaceutical Council (GPhC) registration.

Under PGD legislation there can be no delegation. Supply of the medication has to be completed by the same practitioner who has assessed the patient under this PGD.

4.2. Specialist competencies or qualifications

Persons must only work under this PGD where they are competent to do so.

All persons operating this PGD must:

- Be familiar with the beclometasone 50 micrograms nasal spray medicine and alert to changes in the manufacturer’s product information/summary of product information.
- Have successfully complete the NES Pharmacy e-learning module:

Seasonal Allergic Rhinitis (Hay Fever) for NHS Pharmacy First Scotland | Turas | Learn

<https://learn.nes.nhs.scot/67704/pharmacy/cpd-resources/seasonal-allergic-rhinitis-hay-fever-for-nhs-pharmacy-first-scotland>
- Be able to assess the person’s/ parent’s/ carer’s capacity to understand the nature of the purpose of the medication in order to give or refuse consent.

4.3. Continuing education and training

All practitioners operating under this PGD are responsible for:

- Maintaining their skills, knowledge and their own professional level of competence in this area according to the General Pharmaceutical Council Standards for Pharmacy Professionals
- Ensuring they remain up to date with the use of medications included and be aware of local treatment recommendations.
- Attend approved training and training updates as appropriate.
- Undertake relevant continuing professional development when PGD or NES Pharmacy modules are updated.

5. Audit trail

5.1. Authorisation of supply

Pharmacists can be authorised to supply the medicine specified in this PGD when they have completed local Board requirements for service registration.

Pharmacists should complete the individual authorisation form contained in the PGD (Appendix 1) and submit to the relevant NHS Health Board prior to using the PGD.

5.2. Record of supply

All records must be clear, legible, contemporaneous and in an easily retrievable format to allow audit of practice.

A Universal Claim Framework (UCF) record of the screening and subsequent supply, or not, of the medicine specified in this PGD should be made in accordance with the NHS Pharmacy First Scotland service specification.

Pharmacists must record the following information, included in the assessment form, in the PMR (either paper or computer based):

- name of individual, address, date of birth / CHI number
- name of GP with whom the individual is registered (if known)
- confirmation that valid consent to be treated under this PGD was obtained (include details of parent/guardian/person with parental responsibility where applicable)
- details of presenting complaint and diagnosis
- details of medicine supplied - name of medicine, batch number and expiry date, with date of supply.

- details of exclusion criteria – why the medicine was not supplied (if applicable)
- advice given, including advice given if excluded or declines treatment under this PGD
- details of any adverse drug reactions and actions taken
- referral arrangements (including self-care)
- signature and printed name of the pharmacist who undertook assessment of clinical suitability and, where appropriate, subsequently supplied the medicine

The patient’s GP (where known) should be provided with a copy of the GP notification form for the supply of beclometasone 50micrograms nasal spray, or appropriate referral on the same, or next available working day.

These records should be retained in accordance with national guidance¹ (see page 56 for standard retention periods summary table). Where local arrangements differ, clarification should be obtained through your Health Board Information Governance Lead.

All records of the drug(s) specified in this PGD will be filed with the normal records of medicines in each service. A designated person within each service will be responsible for auditing completion of drug forms and collation of data.

1. Scottish Government. *Scottish Government Records Management*. Edinburgh 2020. Available at [SG-HSC-Scotland-Records-Management-Code-of-Practice-2020-v20200602.pdf](#) (Accessed on 31st March 2023)

6. Additional references

Practitioners operating the PGD must be familiar with:

1. National Institute for Clinical Excellence / Public Health England. Available at: [Allergic rhinitis | Health topics A to Z | CKS | NICE](#). (Accessed 31st March 2023)
2. Current edition of British National Formulary (BNF) [BNF British National Formulary - NICE](#), and BNF for children [BNF for Children British National Formulary - NICE](#)
3. Marketing authorisation holder's Summary of Product Characteristics. Electronic Medicines Compendium. *Beconase[®] Aqueous Nasal Spray SPC*. Available [Beconase[®] Aqueous Nasal Spray - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](#) (Accessed 31st March 2023)

7. Individual authorisation (Appendix 1)

PGDs FOR THE SUPPLY OF TREATMENTS FOR SEASONAL ALLERGIC RHINITIS BY COMMUNITY PHARMACISTS UNDER THE “NHS PHARMACY FIRST SCOTLAND” SERVICE

This PGD does not remove professional obligations and accountability.

It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with the General Pharmaceutical Council Standards for Pharmacy Professionals.

Authorised staff should be provided with an individual copy of the clinical content of the PGD and a copy of the document showing their authorisation.

This authorisation sheet should be retained to serve as a record of those practitioners authorised to work under this PGD.

I have read and understood the PGDs authorised by each of the NHS Boards I wish to operate in and agree to provide the following only in accordance with the specific PGD.

Beclometasone 50 micrograms nasal spray ☐ Mometasone 50 micrograms nasal spray ☐

Olopatadine 1mg/ml eye drops ☐ Fexofenadine 120 mg tablets ☐

Name of Pharmacist _____ GPhC Registration Number _____

Normal Pharmacy Location

(Only one Pharmacy name and contractor code is required for each Health Board area where appropriate. If you work in more than 3 Health Board areas, please use additional forms.)

Name of Pharmacy	Contractor Code	Health Board
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	
Click or tap here to enter text.	Click or tap here to enter text.	

Please indicate your position within the pharmacy by ticking one of the following:

Locum ☐ Employee ☐ Manager ☐ Owner ☐

Signature _____ Date _____

Please complete form, sign and send to each Health Board you work in.

E mail and postal addresses are given overleaf.

NHS Board	Address	
Ayrshire & Arran	Iain Fulton, NHS Ayrshire & Arran, Eglington House, Ailsa Hospital, Dalmellington Road, Ayr, KA6 6AB margaret.scott3@aapct.scot.nhs.uk	Please email or post
Borders	Malcolm Clubb, Lead Pharmacist Pharmacy Department, Borders General Hospital, Melrose, TD6 9BS communitypharmacy.team@borders.scot.nhs.uk	Please email or post
Dumfries & Galloway	NHS Dumfries & Galloway, Primary Care Development, Ground Floor North, Mountainhall Treatment Centre, Bankend Rd, Dumfries, DG1 4TG Dg.pcd@nhs.scot	Please email or post
Fife	PGD Administrator, Pharmacy Services, NHS Fife, Pentland House, Lynebank Hospital, Halbeath Road, Dunfermline, KY11 4UW Fife.pgd@nhs.scot	Please email or post
Forth Valley	Community Pharmacy Development Team, Forth Valley Royal Hospital, Stirling Road, Larbert, FK5 4WR fv.communitypharmacysupport@nhs.scot	Please email or post
Grampian	Pharmaceutical Care Services Team NHS Grampian, Pharmacy & Medicines Directorate, Westholme, Woodend, Queens Road, Aberdeen, AB15 6LS gram.pharmaceuticalcareservices@nhs.scot	Please email or post
Greater Glasgow & Clyde	Janine Glen, Contracts Manager, Community Pharmacy, NHS Greater Glasgow & Clyde, Clarkston Court, 56 Busby Road, Glasgow G76 7AT ggc.cpdevteam@nhs.scot	0141 201 6044 Or email
Highland	Community Pharmaceutical Services, NHS Highland, Assynt House, Beechwood Park, Inverness. IV2 3BW nhsh.cpsoffice@nhs.scot	Please email or post
Lanarkshire	Pharmacy/Prescribing Admin Team, NHS Lanarkshire Headquarters, Kirklands, Fallside Road, Bothwell, G71 8BB Pharmacy.AdminTeam@lanarkshire.scot.nhs.uk	Please email or post
Lothian	Primary Care Contractor Organisation, 2 ND Floor, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG CommunityPharmacy.Contract@nhslothian.scot.nhs.uk	Please email or post
Orkney	Lyndsay Steel, Lead General Practice Pharmacist. The Balfour, Foreland Road, Kirkwall, KW15 1NZ Phone: 01856 888 911 ork.primarycarepharmacy@nhs.scot	Please email or post
Shetland	Mary McFarlane, Principle Pharmacist, NHS Shetland, Gilbert Bain Hospital, Lerwick, Shetland, ZE1 0TB	01595 743370
Tayside	Diane Robertson Pharmacy Department, East Day Home, Kings Cross Hospital, Clepington Road, Dundee, DD3 8AE Diane.Robertson9@nhs.scot	Please email or post
Western Isles	Michelle Taylor, Primary Care Dept, The Health Centre, Springfield Road, Stornoway, Isle of Lewis, HS1 2PS	Please post

8. Version history

Version	Date	Summary of changes
1.0	17/05/2023	New National Specimen PGD produced.