

Patient Group Direction for the immediate provision of medicines and appliances listed in the BNF and BNFC, to NHS patients by pharmacists on discharge from hospital

GG&C PGD ref no: 2023/2587

Change history

Date	Version number	Update
November 2023	3	<ol style="list-style-type: none">1. removal of schedules replaced by a link to the schedules of the most recent Unscheduled Care PGD2. addition of morphine sulphate solution 10mg/5ml (Oramorph)3. addition of rifaximin

YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT

Clinical Situation

Indication:	<p>The provision from a pharmacy with an NHS contract of NHS prescribed medicines and/or appliances required when the patient is being discharged from hospital and requires an immediate supply of medication as described in part A in the schedules of the current version of the National Urgent Provision of Current Prescribed Medicines, Appliances and ACBS Products PGD¹.</p> <p>Although the Urgent Provision of Current Prescribed Medicines, Appliances and ACBS Products PGD does not allow the provision of morphine sulphate solution 10mg/5ml oral solution (including Oramorph) and rifaximin tablets these 2 specific products would be allowed under the terms of this PGD.</p>
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¹ Available via a link found [here](#)

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Version: 3

Review Date: May 2025

Expiry Date: November 2025

Template Version: 2022

Page 1 of 12

Patient Group Direction for the immediate provision of medicines and appliances listed in the BNF and BNFC, to NHS patients by pharmacists on discharge from hospital

Inclusion criteria:	<ul style="list-style-type: none">• New or Changed Medicines and/or appliances required for immediate supply on discharge from hospital as identified on the patient's immediate discharge letter (IDL)• Medicines and/or appliances are allowed on NHS prescription and are not listed in part B in the schedules of the current version of the Urgent Provision of Current Prescribed Medicines, Appliances and ACBS Products (but including morphine sulphate solution 10mg/5ml oral solution (including Oramorph) and rifaximin tablets)• Patient is registered (or temporarily) with a medical practice in Scotland• Patient agrees to relevant clinical information being provided to the pharmacist by the discharging hospital• Patient agrees that all relevant clinical information is shared between their GP, Community Pharmacy & Secondary Care Team• Patient discharged from hospital where access to discharge letter allows confirmation of inclusion criteria point 1 above
Exclusion criteria:	<ul style="list-style-type: none">• Provision is not required immediately following a hospital discharge• Medicines and/or appliances which are listed in part B in the schedules of the current version of the Urgent Provision of Current Prescribed Medicines, Appliances and ACBS Products or are not allowed on NHS prescription (excluding morphine sulphate solution 10mg/5ml oral solution (including Oramorph) and rifaximin tablets).• No agreement to share relevant clinical information• Patient's clinical condition significantly changed• Where the pharmacist is unable to satisfactorily resolve any discrepancies with the discharging hospital

Date Approved: November 2023

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Template Version: 2022

Page 2 of 12

Patient Group Direction for the immediate provision of medicines and appliances listed in the BNF and BNFC, to NHS patients by pharmacists on discharge from hospital

Cautions/Need for further advice/Circumstances when further advice should be sought from the prescriber:	Where a patient attends the community pharmacy without a prior notification from the hospital, the community pharmacy will contact the hospital pharmacy team to resolve.
Action if patient declines or is excluded:	Refer to discharging hospital or to their GP or OOH service if emergency supply regulations do not apply.
Referral arrangements for further advice / cautions:	Refer back to discharging hospital team

Drug Details

Name, form & strength of medicine:	<p>All medicines and/or appliances as listed in BNF and BNFC described in part A of the current version of the Urgent Provision of Current Prescribed Medicines, Appliances and ACBS Products PGD.</p> <p>As detailed by the patient's discharging hospital via their Immediate Discharge Letter.</p> <p>Or</p> <p>Variation of product brand and/or dosage form and/or strength may be substituted when listed product cannot be supplied within a reasonable time provided the active drug base and dose and dosage regimen is equivalent.</p>
Route/Method of administration:	As described in the BNF or BNFC
Dosage (include maximum dose if appropriate):	As detailed in the patient's IDL or following clarification with the patient and/or hospital pharmacy team (if required)

Patient Group Direction for the immediate provision of medicines and appliances listed in the BNF and BNFC, to NHS patients by pharmacists on discharge from hospital

Frequency:	As detailed in the patient's IDL or following clarification with the patient and/or hospital pharmacy team (if required)
Duration of treatment:	As detailed in the patient's IDL or following clarification with the patient and/or hospital pharmacy team (if required)
Maximum or minimum treatment period:	One prescribing cycle i.e. quantity and duration normally prescribed to patient or up to one month's supply if not known. or a standard patient pack. or Sufficient medicine to complete a specified course.
Quantity to supply/administer:	As above
Supply, Administer or Both :	Supply only
▼ Additional Monitoring:*	No
Legal Category:	POM
Is the use outwith the SPC:**	No
Storage requirements:	Store in a secure location

* The black triangle symbol has now been replaced by European "additional monitoring" (▼)

**** Summary of Product Characteristics**

Date Approved: November 2023

Version: 3

Review Date: May 2025

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Template Version: 2022

Page 4 of 12

Patient Group Direction for the immediate provision of medicines and appliances listed in the BNF and BNFC, to NHS patients by pharmacists on discharge from hospital

<p>Warnings including possible adverse reactions and management of these:</p>	<p>Please refer to current BNF or SPC for full details</p> <p>Adverse Effects</p> <p>As per BNF or BNFC</p> <p>Use the Yellow Card System to report adverse drug reactions. Yellow Cards and guidance on its use are available at the back of the BNF or online at http://yellowcard.mhra.gov.uk/</p>
<p>Advice to patient/carer including written information provided:</p>	<p>Contact community pharmacy, discharging hospital, GP or OOH if concerns with any medicine supplied.</p> <p>Provision of the appropriate Pharmaceutical Industry Patient Information Leaflet.</p> <p>Provision of any other relevant information as judged by the Pharmacist operating under this PGD.</p>
<p>Monitoring (if applicable):</p>	<p>Ensure that the patient's GP practice is updated with all actions that have been undertaken.</p>
<p>Follow up:</p>	<p>None</p>

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Staff Characteristics

Professional qualifications:	Pharmacist whose name is currently on the practising section of the pharmaceutical register held by the General Pharmaceutical Council (GPhC).
Specialist competencies or qualifications:	Has undertaken appropriate training for working under PGDs for the supply and administration of medicines
Continuing education & training:	The practitioner should be aware of any change to the recommendations for the medicine listed. It is the responsibility of the individual to keep up-to-date with continued professional development

Referral Arrangements and Audit Trail

Referral arrangements	<i>As per local arrangements/national guidelines</i>
Records/audit trail:	<p>Patient's name, address, date of birth and consent given;</p> <p>Contact details of GP (if registered)</p> <p>Dose and form supplied</p> <p>Advice given to patient (including side effects);</p> <p>Referral arrangements (including self-care)</p> <p>The claiming process detailed in the SLA should be followed</p> <p>A record of the transaction e.g. SBAR should be forwarded to the Primary Care Pharmacy Team within the GP practice as soon as possible for information. A record of the transaction should automatically be entered in the patient's Prescription Medication Record.</p>

Patient Group Direction for the immediate provision of medicines and appliances listed in the BNF and BNFC, to NHS patients by pharmacists on discharge from hospital

**References/Resources
and comments:**

Notes:

SPC – Summary of Product Characteristics



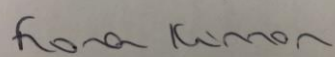

BNF – British National Formulary

Patient Group Direction for the immediate provision of medicines and appliances listed in the BNF and BNFC, to NHS patients by pharmacists on discharge from hospital

This Patient Group Direction must be agreed to and signed by all healthcare professionals involved in its use. The original signed copy will be held at Pharmacy Services, Clarkston Court, 52 Busby Road, Clarkston, G76 7AT. The PGD must be easily accessible in the clinical setting.

Organisation: NHS Greater Glasgow & Clyde

Professionals drawing up PGD/Authors

	Designation and Contact Details
*Name: Derek Jamieson  Signature: _____ Date: 17/10/23	Designation: Pharmacist E-mail address: derek.jamieson@ggc.scot.nhs.uk
Name: Graeme Marshall  Signature: _____ Date: 17/10/23	Designation: Clinical Director E-mail address: Graeme.marshall@ggc.scot.nhs.uk
Name: Fiona Kinnon  Signature: _____ Date: 17/10/23	Designation: Clinical Director E-mail address: Fiona.kinnon@ggc.scot.nhs.uk
Name: Pamela Macintyre  Signature: _____ Date: 17/10/23	Designation: Lead Pharmacist E-mail address: pamelamacintyre@ggc.scot.nhs.uk

* **Lead Author**

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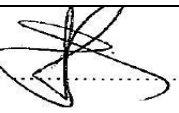
Expiry Date: November 2025

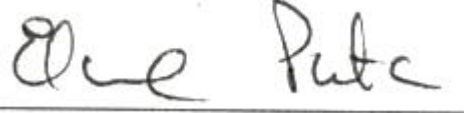
Template Version: 2022

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AUTHORISATION:

NHSGG&C PGD & Non-medical Prescribing Sub-Committee of ADTC		
Chairman in BLOCK CAPITALS	Signature:	Date:
Dr Craig Harrow		30/11/2023

Lead of the professional group to which this PGD refers:		
Lead Nurse NHS GG&C, North Sector, Name: in BLOCK CAPITALS	Signature:	Date:
John Carson		30/11/2023

Pharmacist representative of PGD & Non-Medical Sub-Committee of ADTC		
Name: in BLOCK CAPITALS	Signature:	Date:
Elaine Paton		30/11/2023

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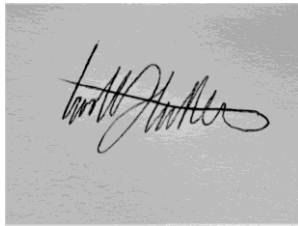
Antimicrobial use

If the PGD relates to an antimicrobial agent, the use must be supported by the NHS GG&C Antimicrobial Management Team (AMT). A member of this team must sign the PGD on behalf of the AMT.

Microbiology approval

Name: Scott Gillen

Designation: Antimicrobial Pharmacist




Signature:

Date: 30/11/2023

on behalf of NHS GG&C AMT)

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Local Authorisation:

Service Area for which PGD is applicable:	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 who agrees to keep list of practitioners operating under the PGD current and up to date (Lead Professional):			
Name:	Signature:	Designation:	Date:
Alan Harrison Email contact address: alan.harrison@ggc.scot.nhs.uk		Lead Pharmacist Community Care	20/12/2023

PGD DOES NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY. It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with the General Pharmaceutical Council Standards for Pharmacy Professionals.

Note to Authorising Authority: authorised staff should be provided with access to the clinical content of the PGD and a copy of the document showing their authorisation.

Name of Pharmacist _____

GPhC Registration Number _____

Email address (preferably NHS) _____

Normal Pharmacy Location

Only one Pharmacy name and contractor code is required for each Health Board (HB) area where appropriate. If you work in more than 2 HB areas please use additional forms.)

If you are a Locum, please supply your home address.

Name & Contractor code HB _____

Locum Home Address _____

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

Locum Employee Manager Owner

I have read and understood the Patient Group Direction and agree to provide these medicines, appliances and ACBS products only in accordance with this PGD.

Signature _____ Date _____

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

Patient Group Direction for the immediate provision of medicines and appliances listed in the BNF and BNFC, to NHS patients by pharmacists on discharge from hospital

Note to Authorising Managers: authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation.

I have read and understood the Patient Group Direction. I acknowledge that it is a legal document and agree to supply/administer this medicine only in accordance with this PGD.

Name of Professional	Signature	Date

**SCHEDULE 1
PATIENT GROUP DIRECTION FOR THE IMMEDIATE PROVISION OF MEDICINES,
APPLIANCES AND ACBS PRODUCTS LISTED IN THE BNF AND BNFC, TO NHS PATIENTS
BY PHARMACISTS FOLLOWING A HOSPITAL ADMISSION.**

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Page 12 of 12