
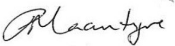


NHS Greater Glasgow & Clyde Patient Group Directions (PGD) for Health Care Professionals	
<b>Inactivated influenza vaccine</b>	

**Local Authorisation:**

Service Area for which PGD is applicable:	Community Pharmacy		
Record/Audit Trail	There must be appropriate records kept and maintained by the Professional to enable verification of service provision and training requirements, and provide information for internal and external audit and evaluation purposes.		
<b>Nominated individual who agrees to keep list of practitioners operating under the PGD current and up to date (Lead Professional):</b>			
<b>Name:</b>	<b>Signature:</b>	<b>Designation:</b>	<b>Date:</b>
Pamela Macintyre  Email contact address: <a href="mailto:pamela.macintyre@nhs.scot">pamela.macintyre@nhs.scot</a>		Lead Pharmacist Community Pharmacy Development	02/09/2025

***PGDs do 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.***

<b>Name of Professional</b>		<b>GPhC No</b>	
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*I have read and understood the Patient Group Direction. I acknowledge that it is a legal document and agree to provide these medicines only in accordance with this PGD.*

<b>Sign:</b>		<b>Date:</b>
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**ONCE YOU HAVE SIGNED THE PGD, YOU MUST COMPLETE THE ELECTRONIC FORM (LINK BELOW)**

[PGDs - Greater Glasgow and Clyde \(office.com\)](https://www.nhs.uk/medicines/patient-group-directions/pgds-greater-glasgow-and-clyde-office-com/)

Date Approved: 26 August 2024  
Review Date: June 2025  
Template Version: 2022

Version: 1  
**Expiry Date: August 2026**

## Inactivated influenza vaccine

### Patient Group Direction Audit Form

Form for the audit of compliance with PGD or PGDs

To ensure best practice all PGDs should be audited on a 6 monthly basis.

<b>Name and post of Designated Lead person within each practice/clinic base:</b>			
<b>Location/Clinic Base:</b>		<b>Date of Audit:</b>	
<b>Tick as appropriate. If 'no', state action required</b>	<b>Y</b>	<b>N</b>	<b>Action</b>
Is the PGD or PGDs utilised within the clinical area?			
Has the PGD or PGDs been reviewed within the 2 year limit?			
Do the managers listed on the PGD or PGDs hold a current list of authorised staff?			
Are all staff authorised to work under the PGD or PGDs members of one of the health professions listed in the PGD?			
Do all staff meet the training requirements identified within the PGD?			
Are you confident that all medicines supplied or administered under the PGD or PGDs are stored according to the PGD where this is specified?			
Do the staff working under the PGD or PGDs have a copy of the PGD which has governance sign off and is in date and, available for reference at the time of consultation?			
Where the medicine requires refrigeration. (Delete if not required).			
Is there a designated person responsible for ensuring that the cold chain is maintained?			
Is there a record that the fridge temperature has been monitored to required levels?			
If there is regular and sustained reliance on PGDs for service provision has a Non-Medical Prescribing approach been considered as an alternative? (Please note reasons for either a Y/N response).			

**Keep copies of completed audits alongside your PGD for local reference.**

**Please retain at local level and ensure audit forms are readily available as they may be required for clinical governance audit purposes.**

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