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| NHS Greater Glasgow & Clyde Patient Group Direction (PGD) for Health Care Professionals |  |
| Inactivated influenza vaccine | |

Local Authorisation:

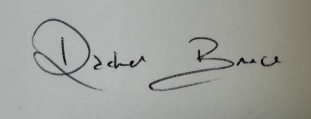
Service Area for which PGD is applicable: Community Pharmacy

I authorise the supply/administer medicines in accordance with this PGD to patients cared for in this service area.

Lead Clinician for the service area (Doctor)

| Name: | Signature: | Designation: | Date: |
|-----------------|---|---|------------|
| Dr Craig Harrow |  | ADTC Patient Group Direction Sub Committee | 08/12/2025 |

I agree that only fully competent, qualified and trained professionals are authorised to operate under the PGD. Records of nominated individuals will be kept by individual community pharmacies for audit purposes.

| Name (Lead Professional): | Signature: | Designation: | Date: |
|---------------------------|---|--|------------|
| Rachel Bruce |  | Lead Pharmacist – Community Pharmacy Development Team | 23/12/2025 |

E-Mail contact address: rachel.bruce8@nhs.scot

Description of Audit arrangements:

| Frequency of checks: (Generally annually) | Names of auditor(s): |
|--|----------------------|
| | |

**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 their own Code of Professional Conduct.**

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 | GPhC No |
|----------------------|---------|
| | |

| Sign: | Date: |
|-------|-------|
| | |

**ONCE YOU HAVE SIGNED THE PGD, YOU MUST COMPLETE THE
ELECTRONIC FORM (LINK BELOW)**

[PGDs - Greater Glasgow and Clyde \(office.com\)](https://www.ggc.scot.nhs.uk/pgds/)

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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.

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|---|----------|-----------------------|---------------|
| Name and post of Designated Lead person within each practice/clinic base: | | | |
| Location/Clinic Base: | | Date of audit: | |
| | | | |
| Tick as appropriate. If 'no', state action required | Y | N | Action |
| 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). | | | |

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|-------|----------------|
| Name: | Date of audit: |
| | |

**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.**