NHS Lothian

NHS PHARMACY FIRST SCOTLAND
ADVICE | TREATMENT | REFERRAL

Patient Group Direction (PGD)

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

Publication date: 4 May 2026

NHS Lothian PGD 595 v1 Beclometasone nasal spray
National version 2.1
Valid from: 11/05/2026
Expires: 03/05/2029

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NHS SCOTLAND

Version 2.1

Most Recent Changes

Version	Date	Summary of changes
2.1	May 2026	• Local changes: • 1.3 - Pulmonary tuberculosis and individuals taking/using oral, inhaled, topical or parenteral corticosteroids are exclusions. • 1.3 – Addition of interactions section and advice re possibility of systemic effects with concomitant use of strong CYP3A inhibitors (e.g. ritonavir, cobicistat). Concurrent use of any interacting medicine is an exclusion. • 5.2 - Record retention reference updated to current version. Removal of reference to summary table.
2.0	May 2026	• General - Update to version number, expiry date, review dates. • 1.3 - Use in breast feeding – moved from exclusion criteria to caution section (1.4). • 5.1 – Update to guidance on submission of Individual Authorisation Form to Health Boards to include MS Forms links where appropriate. • 6.0 – Addition of new reference source for using medication whilst breast feeding. • 7.0 - Update to correspondence details for all Health Boards.

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Authorisation

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

PGD beclometasone 50 micrograms/actuation nasal spray

This specimen PGD template has been produced in collaboration with the Community Pharmacy Advisory Group (CPAG) 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.

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

Doctor (Name / Signature): Dr Ron Cook

Pharmacist (Name /Signature): Dr John McAnaw

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

Approved on behalf of NHS Lothian:

Medical Director: Ms Tracey Gilles
Director of Pharmacy: Scott Garden
Clinical Governance Lead: Dr Emma Morrison

Date approved: 11/05/2026
Effective from: 11/05/2026

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

Expiry date: 3 May 2029

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1. Clinical situation

1.1. Indication

Relief of symptoms of seasonal allergic rhinitis.

1.2. Inclusion criteria

Individuals 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

Individuals 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.

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

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

Individuals taking /using oral, inhaled, topical or parenteral corticosteroids.

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Pregnancy.

Pulmonary tuberculosis.

Individuals for whom no valid consent has been received.

Concurrent use of any interacting medicine.

INTERACTIONS: In general interactions are unlikely however the possibility of systemic effects with concomitant use of strong CYP3A inhibitors (e.g. ritonavir, cobicistat) cannot be excluded, and therefore caution and appropriate monitoring is advised with the use of such agents.

All concurrent medications must be checked for interactions, and a detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: **www.medicines.org.uk** and BNF website **www.bnf.org**.

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

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 individuals 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).

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- 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 individual has asthma. Individual should stop using the medicine and seek further medical advice if required.

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

- Use while breastfeeding; No specific studies examining the transference of beclometasone dipropionate into the milk of lactating animals have been performed. It is reasonable to assume that beclometasone dipropionate is secreted in milk but at the dosages used for direct intranasal administration there is low potential for significant levels in breast milk. The use of beclometasone dipropionate in mothers breast feeding their babies requires that the therapeutic benefits of the drug be weighed against the potential hazards to the mother and baby.

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).

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1.6. Action if individual declines

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

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2. Description of treatment

2.1. Name of medicine/form/strength

Beclometasone dipropionate 50 micrograms /actuation nasal spray.

2.2. Route of administration

Nasal spray.

2.3. Dosage

Two sprays in each nostril twice daily (400 micrograms /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 individuals. However, should symptoms recur, individuals 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.

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2.6. Maximum or minimum treatment period

For full therapeutic benefit regular use is essential. The co-operation of the individual 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 ºC in a cool, dry place. Keep container in the outer carton.

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Use within 3 months of first use.

2.12. Additional information

None.

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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 an individual 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 individual's GP as appropriate.

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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 individual 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 individual 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.

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- 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 individual / carer if symptoms do not improve after 1 month of regular use or worsening symptoms, they should return to the pharmacy for re-assessment.

If individual 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 individual's rights to confidentiality and safety
- Access to a working telephone
- Access to medical support (this may be via telephone or email)
- 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)

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- Access to copy of current version of this PGD.

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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.

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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.

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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, where required, 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

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

These records should be retained in accordance with national guidance[1] 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 (2024). *Records Management Code of Practice for Health and Social Care Code of Practice*. [online] Available at: **https://www.digihealthcare.scot/app/uploads/2024/08/RM-CoP-for-HSC-2024-v04.0-MASTER-2024-08-09.pdf.** (Accessed 11.5.2026)

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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 13th March 2026)

2. Current edition of British National Formulary (BNF). Available at: BNF British National Formulary - NICE, and BNF for children BNF for Children British National Formulary - NICE (Accessed 6th March 2026)

3. Marketing authorisation holder's Summary of Product Characteristics. Electronic Medicines Compendium. *Beconase® Aqueous Nasal Spray SPC.* Available at: **Beconase® Aqueous Nasal Spray - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)** (Accessed 13th March 2026)

4. Specialist Pharmacy Service. NHS England. Available at**: Advising on medicines during breastfeeding – NHS SPS - Specialist Pharmacy Service – The first stop for professional medicines advice** (Accessed 24th March 2026)

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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, where required, send to each Health Board you work in. Email / postal addresses / MS Forms links are given overleaf.

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NHS Board	Address	
Ayrshire & Arran	Complete MS Form available at **Patient Group Directions – NHS Ayrshire & Arran**	Microsoft Form
Borders	Complete MS Form available at **nhsborders.scot.nhs.uk/patients-and-visitors/our-services/pharmacies/community-pharmacy/patient-group-directions-(pgds)-and-unscheduled-care-(cpus)/**	Microsoft Form
Dumfries & Galloway	NHS Dumfries & Galloway, Primary Care Services, Third Floor West, Mountainhall Treatment Centre, Bankend Rd, Dumfries, DG1 4TG **Dg.pcd@nhs.scot**	Please email or post
Fife	Complete MS Form available at: **PGDs - NHS Fife - Confirmation of Signature**	Microsoft Form
Forth Valley	Complete MS Form – see local Health Board information for relevant link.	Microsoft Form
Grampian	Pharmaceutical Care Services Team Summerfield House, 2 Eday Road, Aberdeen, AB15 6RE **gram.pharmaceuticalcareservices@nhs.scot**	Please email or post
Greater Glasgow & Clyde	Complete MS Form available at **PGDs - Greater Glasgow and Clyde**	Microsoft Form
Highland	Complete MS Form available at **NHS Highland PGDs**	Microsoft Form
Lanarkshire	Complete MS Form available at **NHS Lanarkshire - Patient Group Directions V2**	Microsoft Form
Lothian	No longer require pharmacists to return signed copies of PGDs. For any queries, please contact **loth.communitypharmacycontract.nhs.scot**	
Orkney	Pharmacy Department, The Balfour Hospital, Foreland Road, Kirkwall, KW15 1NZ Phone: 01856 888 911 **ork.pharmacyadmin@nhs.scot**	Please email or post
Shetland	Pharmacy Primary Care Services, NHS Shetland, Gilbert Bain Hospital, Lerwick, Shetland, ZE1 0TB **shet.pharmacyprimarycare@nhs.scot**	Please email or post
Tayside	Diane Robertson Pharmacy Department, East Day Home, Kings Cross Hospital, Clepington Road, Dundee, DD3 8AE **TAY.pharmacydepartment@nhs.scot**	Please email or post
Western Isles	Michelle Taylor, Primary Care, 37 South Beach, Stornoway HS1 2BB **Michelle.taylor44@nhs.scot**	Please email or post

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8. Version history

Version	Date	Summary of changes
1.0	17/05/2023	New National Specimen PGD produced.
2.0	04/05/2026	• General - Update to version number, expiry date, review dates • 1.3 - Use in breast feeding – moved from exclusion criteria to caution section (1.4) • 5.1 – Update to guidance on submission of Individual Authorisation Form to Health Boards to include MS Forms links where appropriate • 6.0 – Addition of new reference source for using medication whilst breast feeding • 7.0 - Update to correspondence details for all Health Boards
2.1	11/05/2026	• Local changes: • 1.3 - Pulmonary tuberculosis and individuals taking/using oral, inhaled, topical or parenteral corticosteroids are exclusions • 1.3 – Addition of interactions section and advice re possibility of systemic effects with concomitant use of strong CYP3A inhibitors (e.g. ritonavir, cobicistat). Concurrent use of any interacting medicine is an exclusion • 5.2 - Record retention reference updated to current version. Removal of reference to summary table

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