TO PGD OR NOT TO PGD? – That is the question. A guide to choosing the best option for individual situations

You need to consider whether a Patient Group Direction (PGD) would be appropriate for an area of practice that involves the supply or administration of medicines. This diagram takes you through a logical process that aims to assist decision-making to determine if a PGD can be used. We have also added some useful links to help you find further information. To start – see NICE GPG PGD Guidance 2013

START

Could the current care pathway include issue of a prescription or a written Patient Specific Direction by a doctor or non-medical prescriber so that the patient receives the medicine in a timely manner?

No

Yes

Are the practitioners:

- Registered Midwives
- Optometrists
- Paramedics
- Chiropractors or podiatrists
- Nurses working within an occupational health scheme

Yes

No

Are the practitioners listed in the legislation as registered health professionals who can supply or administer medicines under a PGD? See NICE GPG PGD Guidance 2013

Yes

No

Are the products involved all licensed medicines?

Yes

No

PGD legislation applies only to licensed medicines. Consider developing a local protocol or treatment guidelines for dressings and medical devices.

Yes

No

No

Yes

A PGD should not be required if there is no advantage to patient care. The preferred way for patients to receive medicines is for prescribers to provide care for individual patients on a one-to-one basis.

A PGD is not required – practitioner has authority to supply or administer in accordance with Medicines Act. Note: some organisations use PGDs in these circumstances although not a legal requirement. Link to FAQs

A PGD may not be required if the professional activity fits within the exemptions in the Human Medicines Regulations 2012 and associated statutory instruments. See NICE GPG PGD Guidance 2013

Yes

No

Are the medicines that these practitioners need to supply or administer listed in the exemptions?

Yes

No

An alternative will need to be sought for practitioners who cannot work under PGDs e.g. healthcare assistants

Are the medicines that these practitioners need to supply or administer listed in the exemptions?

Yes

No

No

Yes

A PGD cannot be used in other organisations e.g. Care homes and independent schools providing healthcare entirely outside the NHS

Is the treatment to be provided by:

- NHS Trust or NHS Foundation Trust
- GP or dental practice
- Independent hospital, agency or clinic registered with the Care Quality Commission in England
- Defence medical services
- NHS Primary Care Organisation
- NHS commissioned service
- Prison healthcare service
- Police services

No

Yes

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- Are the medicines involved P(Pharmacy) or GSL(General Sales List) medicines? No

- Does the practitioner want to administer only, and does not need to supply the medicines for patient to take at home? Yes

- No - supply is required.

- P medicines
  - P medicines can only be sold or supplied through registered pharmacies, a PGD is required unless the practitioner is a pharmacist.

- PGD not required.
  - A protocol can be implemented to administer medicines that are P or GSL. This may also apply for medical gases, none of which are POM.

- GS medicines
  - PGD not required. You could use a local procedure or policy

- Note: some organisations use PGDs in these circumstances although not a legal requirement

- Does activity involve the administration of diamorphine or morphine by a nurse or pharmacist for the immediate necessary treatment of sick or injured persons OR involve the supply of a Schedule 5 CD? Yes

- Does activity involve the supply of Midazolam or a Schedule 4 Part 1 CD? Yes

- Is this drug in parenteral form and to be used for the treatment of addiction or is it an anabolic steroid? Yes

- PGDs cannot be used.

- An alternative method will need to be considered e.g. using individual prescriptions, writing a patient specific direction, obtaining prescription in advance to be dispensed if needed, standby supply of medication etc.

- Dose adjustment is allowed under a PGD as long as a dosage range is specified in the PGD and the PGD is being used to supply and / or administer a medicine. A PGD does not give a legal framework for healthcare professionals to adjust a dose of medicine already in a patient’s possession. This is addressed more appropriately through supplementary or independent prescribing. Link to FAQ

- Medicines Matters (published by Department of Health and a useful reference source which describes the mechanisms available for the prescribing, supply and administration of medicines,) states: Supply or administration of medicines under PGD should be reserved for those limited situations where this offers an advantage for patient care (without compromising patient safety) and where it is consistent with appropriate professional relationships and accountability.

- Does the proposed activity meet these principles?

- Yes

- Yes

- Yes

- Yes

- Yes

- Yes

- Yes

- Yes

A PGD may be the most appropriate route to provide this clinical activity. BUT – there may be other issues to consider: see the following to help further inform decision making and for signposting to further guidance.

- “So you think you need a PGD”
- “Are PGDs the safest route for your service”
- “Is a PGD appropriate- checklist”
- NICE GPG PDGs 2013
- Your local Medicines and PGD Policies

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