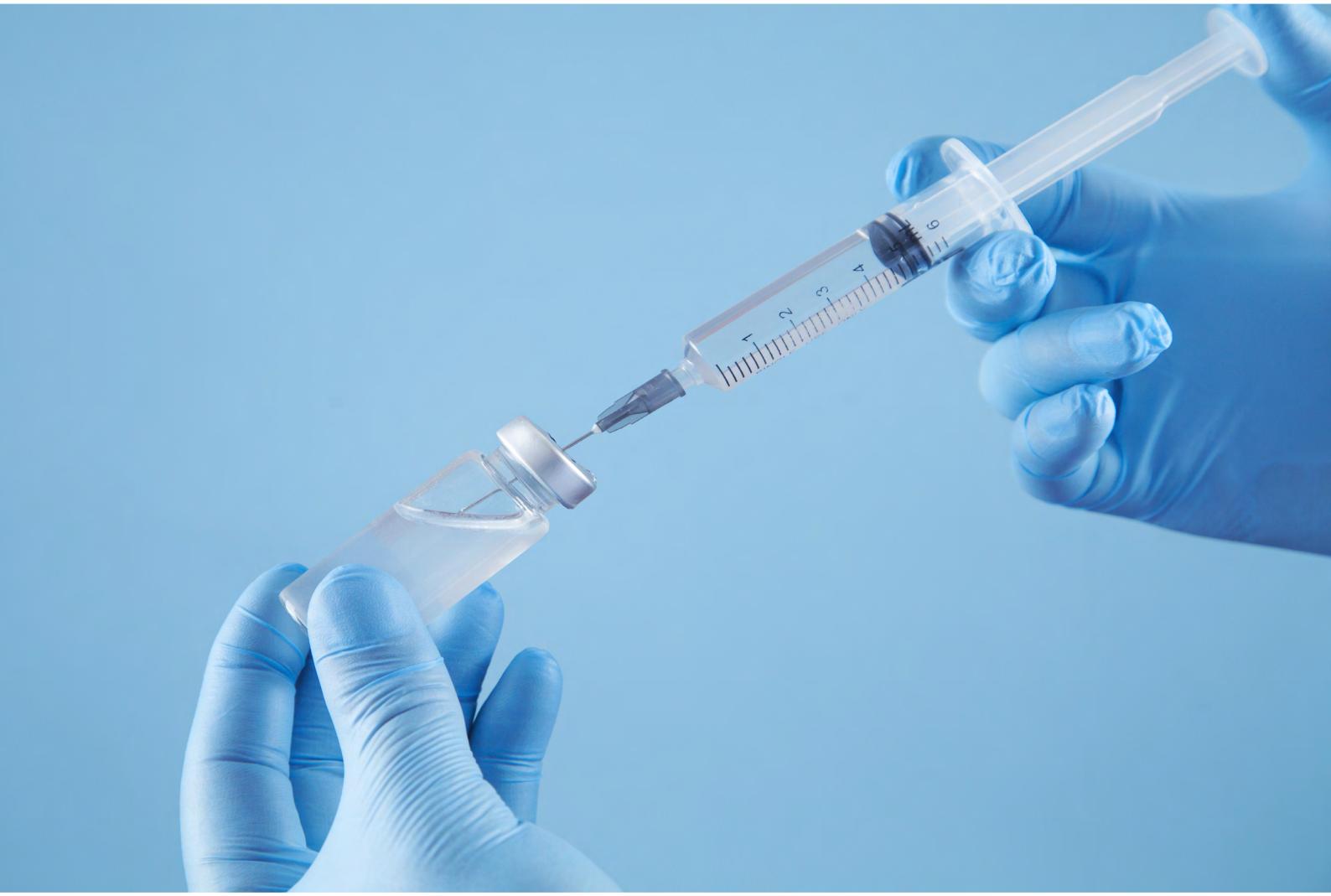
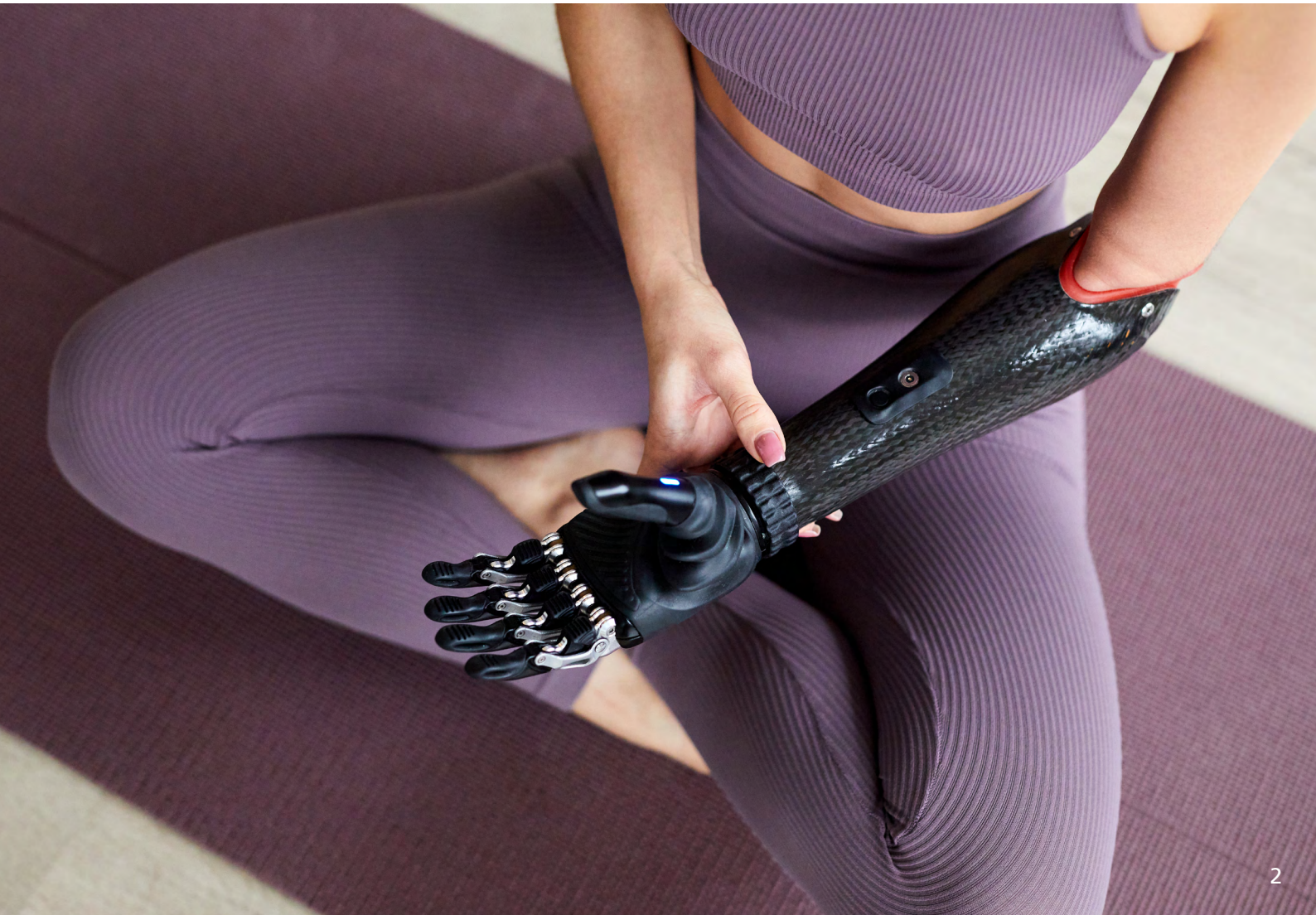


Patient Group Directions (PGDs)

A guide to the supply and administration of medicines by prosthetists and orthotists

Contents



Introduction

Prosthetists and orthotists are able to supply or administer medicines under a Patient Group Direction (PGD). This guide provides more information about PGDs.

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Medicines and prescribing

The specific regulated professions that are able to access mechanisms to sell, supply, administer and prescribe medicines is set out in legislation. Prosthetists and orthotists are not currently able to train to become prescribers.

However, they can access the following mechanisms for the supply and administration of medicines:

Patient Specific Direction (PSD). This is when a prosthetist and orthotist supplies or administers a medicine to a patient which has been prescribed for that patient by a prescriber. The prescriber must have individually assessed the patient and completed a written, signed instruction for the supply or administration of the medicine (for example, in the patient's notes or medicines chart).

Patient Group Direction (PGD). Prosthetists and orthotists are able to supply or administer medicines under a PGD. A PGD is a written instruction for the supply or administration of medicines to a group of patients. PGDs are agreed by a doctor, a pharmacist and approved by an employer. They allow a named health professional to supply or administer specified medicines for specified groups of patients in specified circumstances. PGDs are often used to deliver immunisation programmes, for example, and are widely used in primary and secondary care.

Requirements for PGDs

The legislation sets out requirements for the content of PGDs. They include information such as:

- A description of the medicine(s).
- The profession or professions that are able to supply or administer the medicine.
- The specified condition(s) that can be treated.
- The patient groups included / excluded from treatment under the PGD.
- Details of appropriate dosage, maximum total dosage, quantity, pharmaceutical form and strength, route and frequency of administration, and minimum or maximum period to administer the medicine.

PGDs are authorised by healthcare provider organisations. They are signed by a senior doctor, senior pharmacist, relevant professional leads, clinical governance lead for the organisation and the individual health professionals who will use the PGD. Providers are also responsible for ensuring that health professionals have completed appropriate training to supply and/or administer under a PGD.

Certain medicines or types of medicines cannot be included in PGDs. There are restrictions on the controlled drugs that can be included in PGDs.

See resources on page 6 for more information about PGDs including requirements for what they must contain and which medicines can be included.

PGDs and advanced practice

Advanced practice is a level of practice at which practitioners are managing increased levels of complexity, uncertainty and risk. To move into advanced practice roles, prosthetists and orthotists will normally complete a Master's degree which addresses all the required advanced practice capabilities across all four pillars of professional practice: clinical practice, leadership and management, education, and research.

All prosthetists and orthotists registered with the Health and Care Professions Council (HCPC), not just those who are working at an advanced level, are legally able to supply or administer medicines under a PGD. However, employers will make their own decisions based on service and clinical need about the health professionals or groups of health professionals that are included in certain PGDs. PGDs may be an effective mechanism for making the most of the knowledge and skills of advanced practitioners in some care pathways.

PGDs in prosthetics and orthotics

PGDs have the potential to improve prosthetic and orthotic care by enabling more timely, appropriate supply and/or administration of medicines by a greater range of trained health professionals.

The National Institute for Health and Care Excellence (NICE) suggest that PGDs are suitable for situations where they can benefit patient care without comprising patient safety, and where there are clear governance arrangements and accountability.

The following are examples of PGDs put in place by NHS Greater Glasgow and Clyde's orthotic service, enabling named orthotists to administer certain medicines including:

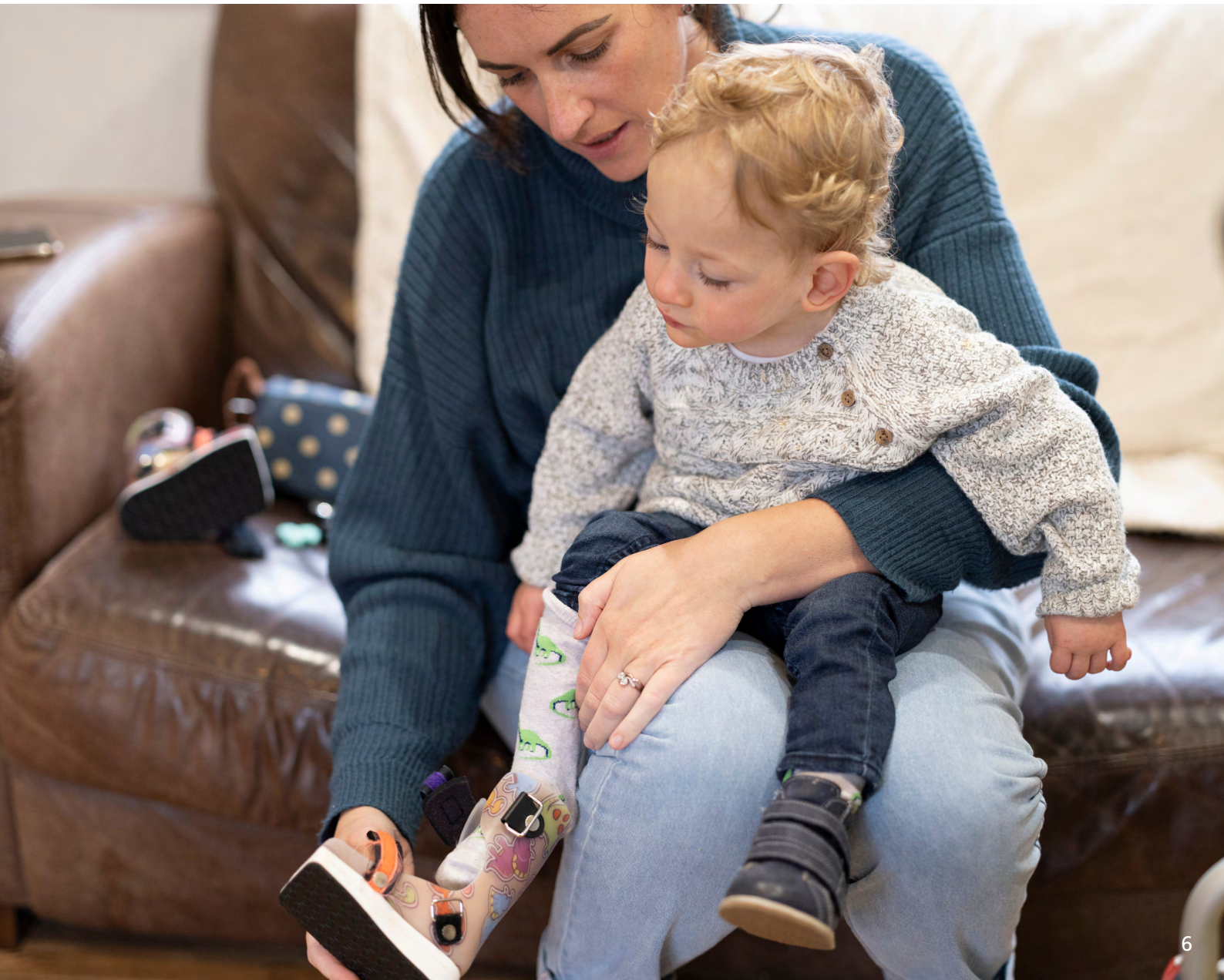
- Triamcinolene Acetonide, a steroid, for the treatment of joint and/or soft tissue pain of the upper or lower limbs.
- Botox, a neurotoxin, for the treatment of focal spasticity, including the treatment of wrist and hand disability due to upper limit spasticity, associated with stroke in adults.
- Xeomin (Colostridium Botulinum Toxin Type A), a neurotoxin, for the treatment of post-stroke spasticity of the upper limb presenting with flexed wrist.

Prosthetists and orthotists and their employers are encouraged to make best use of the existing mechanisms for supply and administration of medicines that are available to the profession, including PGDs.

Resources

The following resources provide further guidance and resources for developing and implementing PGDs.

- Health and Care Professions Council. Medicines and prescribing rights.
- Medicines and Healthcare Products Regulatory Agency (2017). Patient group directions: who can use them?
- National Institute for Health and Care Excellence (2017). Patient group directions. Medicines practice guidelines.
- NHS England. elearning for healthcare. Patient Group Directions. [login required]
- Specialist Pharmacy Service – Patient Group Directions.
- The Human Medicines Regulations 2012.



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