

Patient Group Directions (PGDs)

Background

As a consequence of the Crown report on group protocols, new regulation came into force on the 9th August 2000 (Prescription Only Medicines (Human use) Amendment Order 2000). This regulation allowed nurses and other health care professionals to supply/administer prescription only medicines to clients/patients. This was a very important step for nurses within contraception/sexual health. The use of PGDs should not be confused with nurse prescribing. PGDs allow nurses to supply and administer medications agreed in advance to a group of clients whereas nurse prescribing allows nurses to prescribe from the nurses Formulary. The PGD will have clear statements around inclusion and exclusion criteria, name of medication, dose, route, together with statements when not to supply/ administer. Nurses should have access to medical support for those clients who fall outside the PGD, for example, a late presentation for the contraceptive injection.

What is a PGD?

A patient group direction is defined in the regulations as:

'a written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment'.

A patient group direction must be signed by a senior doctor (or if appropriate, a dentist) and a senior pharmacist, both of whom should have been involved in developing the direction. Additionally the PGD must be authorised by the SHA, NHS Trust, PCT or PCG in its capacity as a sub-committee of the HA. Clinical Governance Leads are probably best placed to do this.

The health professionals who may supply/administer medicines under a PGD are nurses, midwives, health visitors, optometrists, pharmacists, chiropodists, radiographers, optometrists, physiotherapists and ambulance paramedics. Health care support workers cannot supply/administer medicines under a PGD.

Nurses wishing to supply/administer medications in contraception/sexual services will need to involve the senior doctor, pharmacist and clinical governance lead to develop the PGD. The PGD needs to be reviewed every two years or when new evidence comes to light. Nurses must have sufficient

training in the use of the PGD and be deemed competent by the lead doctor/nurse. Audit of all PGD's should be undertaken frequently to ensure nurses adhere to the agreed criteria for each medication.

PGD are not needed for medical devices, for example an intra uterine device (IUD) but are necessary for the intra uterine system (IUS) as the IUS contains a medication. Nurses wanting to fit IUDs should have clear policies in place to ensure best practice as per Faculty of Sexual and Reproductive healthcare (FSRH) on IUDs.

The NeLM website has many examples of PGDs for hormonal methods contraception (the contraceptive pill, sub dermal implant, combined vaginal ring and the IUS) and treatments for sexually transmitted infections (Chlamydia, gonorrhoea) in England and these can be downloaded as models of good practice. Users who download any PGD are responsible for ensuring the clinical and legal content of the PGD are correct and that the PGD is appropriate for use in their specific local circumstances. Individual services are set up differently and the PGD must reflect local needs.

References

Faculty of Sexual and Reproductive Healthcare (2007) Intrauterine Contraception available at www.fsrh.org

National electronic Library for Medicines (NeLM) at <http://www.portal.nelm.nhs.uk/PGD>

NHS Executive (2000) Patient Group Directions [England Only] available at <http://www.doh.gov.uk/coinh.htm>