



Public Health  
England



# Prescription only medicines (POMs)

2017



# Learning objectives

- Explain the legal framework with which registered health care professionals can administer prescription only medicines
- Define the role and limitations of patient group directions
- Describe a patient specific direction and when it should be used



# NMC Registrants must only supply and administer medicinal products :

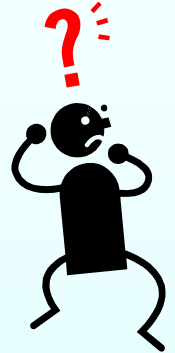
- Patient specific direction (PSD)
- Patient medicines administration chart (may be called medicines administration record MAR)
- Patient group direction (PGD)
- Medicines Act exemption
- Standing order
- Prescription forms



# On your tables

Please discuss and identify key features of:

1. Patient Specific Direction
2. Patient Group Direction





# Patient Specific Direction (PSD)

‘A patient-specific direction (PSD) is a written instruction from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient. In primary care, this might be a simple instruction in the patient’s notes.’

**NMC Standards for medicine management 2010**



# Must include

- Name of patient and/or other individual patient identifiers
- Name, form and strength of medicine (generic or brand name where appropriate)
- Route of administration
- Dose
- Frequency
- Start and finish dates.
- Signature of prescriber



# Examples?

- List of patients individually assessed
- Written in notes
- Written in Personal Child Health Record (Red Book)



# Delegation to HCSWs

- HCSWs can administer vaccines
- RCN has produced clear guidance on appropriate delegation to HCSWs and the questions that need to be asked (RCN website)
- What is your responsibility for this in your workplace?





# Patient Group Directions (PGDs)

Patient group directions (PGDs) are specific written instructions for the supply or administration of a licensed named medicine including vaccines to specific groups of patients who may not be individually identified before presenting for treatment.



# Current legislation

Current legislation for PGD's: Human Medicines Regulations 2012

Ammended in april 2013:**Health & Social Care Act 2012 (consequential, transitional & saving provisions) Order 2013. no235**

- (i) enable Clinical Commissioning Groups, Local Authorities and the NHS Commissioning Board to authorise PGDs from April 2013; and,  
**(Part 1, schedule 2 para 176)**
- (ii) ensure that existing PGDs with an expiry date after 31 March 2013 will continue to be legal until the PGD either expires or is replaced.  
**(Schedule 3 para 28)**



# Can be used by the following groups

- chiropodists and podiatrists
- dental hygienists
- dental therapists
- dietitians
- midwives
- nurses
- occupational therapists
- optometrists
- orthoptists
- orthotists and prosthetists
- paramedics
- pharmacists
- physiotherapists
- radiographers
- speech and language therapists.



# PGDs can be used by

- NHS providers
- Private services funded but not provided by NHS
- Other private, charitable, voluntary and some crown establishments e.g. prisons



# PGDs can not be used by;

- Independent and public sector care homes
- Independent sector schools outside of NHS



# Authorising bodies

- CCGs (Clinical Commissioning Groups)
- Local authorities
- NHS trusts/foundation trusts
- Special health authorities
- NHS commissioning board



# Current supply of PGDs

**Community trusts (School/District nursing):** produced by the trust

## **General Practice Staff:**

- National immunisation programmes, NHS Area Team are authorising.
- Other imms such as some travel vaccines generally through CCG.

(For some vaccines there are no PGDs)



## Information to be included:

- name of the business
- the date of inception & expiry
- a description of the medicine(s) to which the direction applies
- class of health professional who may supply or administer the medicine
- signature of a doctor or dentist, as appropriate, and a pharmacist
- signature by an appropriate organisation
- the clinical condition or situation to which the direction applies
- a description of those patients excluded from treatment under the direction
- a description of the circumstances in which further advice should be sought from a doctor (or dentist, as appropriate) and arrangements for referral
- details of appropriate dosage and maximum total dosage, quantity, pharmaceutical form and strength, route and frequency of administration, and minimum or maximum period over which the medicine should be administered
- relevant warnings, including potential adverse reactions
- details of any necessary follow-up action and the circumstances;
- a statement of the records to be kept for audit purposes.





# Process for individuals

1. Read the PGD
2. Sign the PGD
3. Work to the PGD



# “Off label” use of vaccines

Leaflets produced by PHE for:

- Health Care Professionals:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/384581/9037\\_OffLabel\\_Healthcare\\_workers\\_03\\_Web.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/384581/9037_OffLabel_Healthcare_workers_03_Web.pdf)

- Parents:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/384580/9037\\_OffLabel\\_guide\\_for\\_parents\\_06\\_Web.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/384580/9037_OffLabel_guide_for_parents_06_Web.pdf)



# In pairs

Please answer the following questions:

- What medicine is this PGD for?
- Which of the following patients are in the inclusion criteria? Carers, Prisoners, Pregnant women, Morbidly obese people, asthmatic not on any inhalers
- Can you vaccinate someone with an acute severe febrile illness? And what action should you take?
- When does the PGD expire?



# Can supply or administration be delegated to another practitioner under a PGD?

**Injectable vaccine: No**

**Non injectable medicine:**

if the PGD clearly only covers supply of a non-injectable medicine by the health professional named in it, then it can be given to the patient for self-administration or for administration by another person. The law requires that administration of the supplied medicine is in accordance with the PGD and so the PGD should specify that the medicine is supplied for subsequent administration

<http://www.medicinesresources.nhs.uk/en/Communities/NHS/PGDs/FAQs/Can-supply-or-administration-be-delegated-to-another-practitioner-under-a-PGD/>



## Other issues

- PGDs are not always reviewed when national guidance changes (e.g. MMR and egg allergy)

### **An MMR PGD not due for review until 2014:**

History of confirmed anaphylactic reaction to egg containing food – seek paediatric advice with a view to immunisation under controlled conditions

### **Green Book Update January 2013:**

“All children with egg allergy should receive the MMR vaccination as a routine procedure in primary care “



# Current issue with some PGDs

- Recent change to guidance on immunisation practice may not be reflected within current PGD e.g
  - intervals for live vaccines
  - when pertussis can be administered in pregnancy
- What should you do if patient is outside of the PGD but current guidance is clear?



# On your tables

Before you administering a  
POM what do you need to know?



## Summary

- All vaccines are POMs and can only be administered as directed by either a PGD or PSD
- Legal framework for the development of PGDs
- NICE good practice guidelines published in August 2013
- Immunisers should read and sign their PGD's
- PGD's should be accessible during immunisation sessions
- PGDs are available for Thames Valley on line at:
- <https://www.england.nhs.uk/south/info-professional/pgd/tv/>