Using effective governance to ensure safe use of patient group directions and improve timely access to medicines

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<th>Trust name</th>
<th>Central Manchester University Hospitals NHS Foundation Trust</th>
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The challenge

A ‘patient group direction’ (PGD) is a written direction that allows named authorised health professionals to supply and/or administer specified medicine or medicines to a well-defined group of patients requiring treatment for a specific condition, without the need for a prescription. Each PGD must be authorised by a doctor or dentist and a pharmacist, and approved for use by an authorising body. The National Institute for Health and Care Excellence (NICE) has published medicines practice guidance for PGDs.¹

PGDs have been used in the NHS since 2000 in a variety of clinical settings. They should be reserved for limited situations where they offer an advantage for patient care without compromising patient safety and where there are clear governance arrangements and accountability.

Although many NHS providers have embraced PGDs to facilitate timely access to medicines, the level of adoption remains variable and not all organisations have developed strong and reliable governance arrangements.

Like many other trusts, Central Manchester University Hospitals NHS Foundation Trust (CMFT) faced the challenge of effectively implementing new PGDs without compromising safety. In some cases, without appropriate use of PGDs, entire services, such as reproductive and sexual health and the emergency eye centre, wouldn’t be able to function. In other cases, such as emergency department, using PGDs has empowered experienced nurses and other practitioners thus improving patient flow. However, in a context of

¹ www.nice.org.uk/guidance/mpg2
frequently changing staff and teams supported by agency/temporary staffing, ensuring their safe use can be challenging.

The solution

CMFT has been using PGDs for many years and has developed robust governance arrangements commended by the Care Quality Commission (CQC) in June 2016. A dedicated PGD pharmacist lead plays a crucial role in:

- maintaining a database of PGDs
- managing the CMFT PGD training programme
- providing a central point of contact for information
- co-ordinating the development and review of PGDs
- notifying service leads of the need for review six months ahead of PGDs expiring
- updating the PGD intranet by uploading the current version of all PGDs.

The trust also put together a clear policy setting out the roles and responsibilities of all relevant committees and individuals in relation to PGDs. They include:

- adult and children medicines management committees, accountable to the trust board through the clinical effectiveness committee, responsible for approving PGDs
- trust PGD subgroup, responsible for authorising new PGDs and reviewing current ones
- divisional/directorate clinical effectiveness groups that approve new PGDs authorised by the PGD subgroup
- clinical directors/clinical leads who confirm, during development/review that PGDs are clinically and pharmaceutically appropriate and sign them off
- professional leads who are responsible for ensuring that only qualified staff use the PGDs, carry out regular audit of practice and PGDs, and ensure they are reviewed before their review/expiry date.

The policy specifies the process to follow with a new PGD: which professional groups are eligible for consideration, audit criteria, the approval process including appropriate consultation, and how compliance is monitored.

The trust also developed a dedicated template to support the development of new PGDs. It contains a space for signatures, not only of the committees that approved the PGD, but also the staff members appropriately trained and eligible to supply/administer medicines for it. The pharmacy team keeps all PGDs centrally but there is also a copy in each applicable clinical area, so that compliance can be monitored. This ensures safe use, and is particularly important in clinical areas with high turnover of staff, or temporary workers, for example emergency and urgent care departments.
Finally, the trust developed a dedicated PGD dashboard for each clinical area, which lists all the approved PGDs in use and the expiry date for each.

**Enablers and challenges**

One of the key enablers has been having a dedicated pharmacist as PGD lead, who can build relationships with leads from all clinical areas where PGDs are used, ensuring appropriate governance arrangements are in place and being followed.

It can be challenging to authorise a PGD for clinical areas where health professionals do not regularly administer/supply medicines. Staff may require further training to be able to anticipate side effects and be able to act on these in a timely manner.

Another challenge has been the frequent provider mergers both in acute (secondary) care and community settings. PGDs often differ between organisations and it is important to standardise them as early as possible.

**Impact**

Over time, several clinical areas have adopted the use of PGDs. Among those that have benefited most are adult and paediatric A&E departments, where timely provision of prescription-only medicines can be critical, and areas that are mostly staffed by non-prescribers, such as the eye centre and sexual health services. Without PGDs, these departments could not be sustained in their current form.

In paediatric A&E, PGDs cover medications such as topical anaesthetic cream (to facilitate cannulation/venepuncture) and dexamethasone for patients with croup. In the past, as in many other hospitals, when a child presented with croup, the triage nurse would often ask one of the doctors to prescribe dexamethasone. This delayed treatment and exposed the patient to potential harm, as the prescription would be done quickly with minimal review of the patient. The trust has now developed a PGD that allows suitably trained nurses, where appropriate, to administer this treatment safely, with minimal delay.

The emergency eye centre was converted to a nurse-led service a few years ago. To make this possible, PGDs were introduced to allow clinicians to review patients, treat and discharge. PGDs for lignocaine eye drops and dilating drops, which are frequently used, are particularly important. Having a PGD supports with the flow of patients through the department as nurses do not have to rely on doctors or other prescribers. To safeguard patients’ safety, basic antibiotics and lubricating eye drops are also incorporated into PGDs. These are regularly reviewed and only appropriately trained staff are allowed to use them.

Similarly, reproductive and sexual health services rely on PGDs. Appropriately trained nurses can issue hormonal contraception, including emergency and long-acting reversible contraception. As the formulary is relatively stable, most contraceptive agents are amenable to PGDs. The development and updating of a PGD in the specialty is undertaken by an appropriate multidisciplinary team. The process of introducing a new PGD includes targeted
educational work with all staff. This ensures everyone is aware of any changes. Change in national guidance, such as recent Faculty of Sexual and Reproductive Healthcare guidance on emergency contraception, requires updating of relevant PGDs before their planned review date. The service sees large numbers of patients across the city in clinics delivered by nurses, so the PGDs are essential to ensure quality, safe patient care.

Next steps and sustainability

With the planned reconfigurations and mergers in Greater Manchester Area, ongoing review and standardisation of PGDs across multiple sites will be crucial.

Want to know more?

National resources on PGDs include:

- Specialist Pharmacy Service website: www.sps.nhs.uk/category/services/guidance-and-governance/patient-group-directions/page/2/
- NICE: www.nice.org.uk/guidance/mpg2

Examples of materials from the trust:

- PGD template (example: Sodium Chloride 0.9% administration)
- screenshot of PGD monitoring page on intranet
- examples of specialty-specific PGDs:
  a. dexamethasone PGD for croup (paediatric emergency medicine)
  b. fluorescein 1% eye drops (eye centre)
  c. nexplanon PGD (sexual health and contraceptive services).

For further information, contact:

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- Helen Bateman, Matron in Emergency Eye Centre: Helen.Bateman@cmft.nhs.uk (for ophthalmology-related PGDs)
- Julie Gallagher, Matron The Northern Contraception, Sexual Health and HIV Service: Julie.Gallagher@cmft.nhs.uk (for sexual health-related PGDs)
- Dr Rachel Jenner, Consultant in Pediatric Emergency Medicine, Emergency Medicine Lead for Medicine 1 Clinical Service Unit (for paediatric emergency medicine-related PGDs).

To see the other case studies in this series: visit the NHS Improvement website at: Improving quality and safety in healthcare.