

Tayside D&TC Supplement No. 40

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Produced by the Patient Group Directions Sub-Committee

HOW TO DEVELOP A PATIENT GROUP DIRECTION (PGD)

The following guidance points and flow diagram overleaf have been produced by the PGD Sub-Committee to assist local healthcare professionals in developing PGDs.

1. How do I begin?

A local senior doctor and pharmacist must agree to take on the development of the Patient Group Direction. Representatives from other professions likely to provide care through the Patient Group Direction must be involved.

The “Framework for Development of Patient Group Directions” sets out the steps to be undertaken. (Framework available on DTC website within the “Procedure for Assessment of Patient Group Directions” see below).

2. What types of care should be delivered through a Patient Group Direction?

The Patient Group Direction must only be used in situations in which individualised care cannot be given.

The Patient Group Direction must not expose the patient to any additional risks.

The Patient Group Direction must confer quantifiable advantages to the patient.

Patient Group Directions should allow:

- Timely access to treatment
- Reduce patient waiting times
- Speed patient discharge or avoid hospitalisation
- Appropriate use of professional skills
- Maximising use of available resources

Other routes of providing care should be considered:

- Nurse prescribing
- Protocols for care e.g. symptomatic relief
- Individualised care pathways that are authorised by a prescriber

The algorithm, “[To PGD or Not to PGD? - That is the Question](#)” should help to make the decision. (Algorithm available on DTC website.)

3. What next?

A pathway of care should be written, drawing on current evidence and best practice.

Treatment records for the PGD should be designed.

Patient information leaflets should be written or obtained.

Referral arrangements for patients who do not fit the PGD should be made.

Local views of lead clinicians in the LHCC/Clinical Group/Directorate should be sought.

The lead clinician should be an authority in the area covered by the PGD.

The training needs of practitioners who would use the Patient Group Direction are assessed.

The actions required by local managers, where the PGD will operate should be explained.

Arrangements for obtaining packs of medicines for supply to patients should be made.

An audit cycle for the PGD should be designed.

Arrangements for annual review and resubmission must be made.

4. So you are ready to use the PGD!

Check off that the PGD would comply with all the terms in the “[Procedure for Assessment of Patient Group Directions](#)”. (Procedure available on DTC website)

The PGD Sub-Committee of the DTC must then ratify the PGD on behalf of the DTC. Send all the relevant documentation to the Secretary of the PGD Sub-Committee. The Sub-Committee will ask you to present your document. The PGD Sub-Committee advises the Clinical Governance Lead for the Trust, that the Trust can assume responsibility for employees providing care under the PGD.

AUTHORISATION PROCESS FOR PGDs IN TAYSIDE

