

**Patient Group Direction for the supply of  
Medicines for the treatment of sore throat,  
cold & flu-like illness by community  
pharmacists contracted to provide the  
HSCB Pharmacy First Service**

Valid from 1<sup>st</sup> January 2019 to 31<sup>st</sup> March 2019\*

Review date 31<sup>st</sup> March 2019

*(\*or earlier in event of changes to any related guidance or withdrawal of Pharmacy First Service)*

This patient group direction must be agreed to and signed by all pharmacists involved in its use.  
The PGD must be easily accessible in the community pharmacy.

**Purpose of this Patient Group Direction**

Supply of medicines via the HSCB Pharmacy First Service.  
Medicines supplied are from an agreed formulary for Pharmacy First Service.  
Pharmacy First Service is available from community pharmacies in Northern  
Ireland contracted to provide the service.

## Patient Group Direction (PGD) for supply/administration of

Medicines from HSCB Pharmacy First Service formulary	P / POM / GSL
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### Staff Characteristics

<b>Qualifications</b>	Pharmacists currently registered with the Pharmaceutical Society of Northern Ireland
<b>Specialist competencies or qualifications</b>	<p>Pharmacist must be:</p> <ol style="list-style-type: none"><li>1. Working as a community pharmacist in a pharmacy contracted to provide the Pharmacy First Service.</li><li>2. Familiar with the relevant Summary of Product Characteristics for the medicines that may be supplied via this Patient Group Directions (PGD).</li><li>3. Familiar with and adhere to relevant Pharmaceutical Society of Northern Ireland standards and guidance</li></ol> <p>All pharmacists are personally accountable for their practice and must be competent to work under PGD. In the exercise of professional accountability there is a requirement to maintain and improve professional knowledge and competence.</p>
<b>Continuing training &amp; education</b>	<p>The pharmacist should be aware of any change to the recommendations for the medicines that may be supplied via this PGD.</p> <p>It is the responsibility of the individual to keep up-to-date with continued professional development and to work within the limitations of individual scope of practice.</p>

### Clinical Condition

<b>Indication</b>	<ul style="list-style-type: none"><li>• Sore throat</li><li>• Cold symptoms</li><li>• Flu-like illness</li></ul>
<b>Inclusion criteria</b>	All patients registered with a GP practice in Northern Ireland who are accessing the Pharmacy First Service through a participating community pharmacy in Northern Ireland.
<b>Exclusion criteria</b>	<ul style="list-style-type: none"><li>• Person is older than <b>65 years</b> with acute cough and <b>two</b> or more of the following criteria <u>or</u> older than <b>80 years</b> with acute cough and <b>one</b> or more of the following criteria:<ol style="list-style-type: none"><li>1. hospitalisation in previous year</li><li>2. diabetes</li><li>3. congestive heart failure</li><li>4. current use of glucocorticoids</li></ol></li><li>• Younger child born prematurely</li><li>• Person is immunocompromised e.g. HIV-positive, AIDS diagnosis,</li></ul>

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	<p>chemotherapy, DMARDs , carbimazole</p> <ul style="list-style-type: none"> <li>• Person is not registered with a GP practice in Northern Ireland</li> <li>• Person is temporarily registered with a GP practice in Northern Ireland</li> <li>• Patient in a care home (nursing and residential)</li> <li>• Refer to Summary of Product characteristics <a href="http://emc.medicines.org.uk/">http://emc.medicines.org.uk/</a></li> </ul>
<b>Cautions/ Need for further advice</b>	<ul style="list-style-type: none"> <li>• Patient who may be considered at higher risk of serious complications because of pre-existing comorbidity e.g. asthma, COPD, cystic fibrosis, immunosuppression or other significant heart, lung, renal, liver or neuromuscular disease</li> <li>• Patient has persistent symptoms that have not improved after expected duration</li> <li>• Refer to Summary of Product characteristics <a href="http://emc.medicines.org.uk/">http://emc.medicines.org.uk/</a></li> </ul>
<b>Action if patient declines or is excluded</b>	<ul style="list-style-type: none"> <li>• If appropriate, refer patient to GP</li> <li>• If appropriate, offer patient option of purchasing a medicine over-the-counter</li> </ul>

### Drug Details

<b>Name, form &amp; strength of medicine</b>	<b>Medicine</b>	<b>Quantity to supply</b>
	Paracetamol 120mg in 5ml sugar-free suspension	100ml
	Paracetamol 250mg in 5ml sugar-free suspension	200ml
	Paracetamol 500mg tablets	32 tablets
	Ibuprofen 100mg in 5ml sugar-free suspension	100ml
	Ibuprofen 200 mg tablets	24 tablets
	Ibuprofen 400 mg tablets	24 tablets
	Pseudoephedrine 30mg/5ml linctus	100ml
	Pseudoephedrine 60mg tablets	12 tablets
	Sodium chloride 0.9% nasal drops	10ml

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<b>Legal status</b>	<p>Legal status of the medicine will be dependent upon the pack size available in the pharmacy from which medicines are being supplied.</p> <p>GSL – General sales list medicine</p> <p>P – Pharmacy medicine</p> <p>POM - Prescription only medicine</p>
<b>Is the indication within terms of SPC</b>	Yes
<b>Route/Method</b>	<p>Tablets, linctus &amp; suspension: <b>Oral</b></p> <p>Saline nasal drops: <b>Intranasal</b></p>
<b>Dosage</b>	<p>As recommended by the BNF or BNFC:</p> <p><a href="https://bnf.nice.org.uk/">https://bnf.nice.org.uk/</a></p>
<b>Frequency</b>	<p>As recommended by the BNF or BNFC:</p> <p><a href="https://bnf.nice.org.uk/">https://bnf.nice.org.uk/</a></p>
<b>Quantity to supply</b>	<p>See above “<b>Name, form &amp; strength of medicine</b>”.</p> <p>Arrangements should be made to ensure legal and governance requirements for supply are met.</p> <p>All packs supplied should be labelled appropriately.</p> <p>Patient information leaflet (PIL) must be supplied with the medicine.</p>
<b>Side effects</b>	<p>Refer to BNF, BNFC or summary of product characteristics:</p> <p><a href="https://bnf.nice.org.uk/">https://bnf.nice.org.uk/</a></p> <p><a href="https://www.medicines.org.uk/emc">https://www.medicines.org.uk/emc</a></p> <p>Any adverse reaction to the product should be documented in the patient’s medication record.</p> <p>Alert a doctor in the event of serious adverse reaction.</p> <p>Report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: <a href="http://yellowcard.mhra.gov.uk">http://yellowcard.mhra.gov.uk</a></p>
<b>Advice to patient</b>	<ul style="list-style-type: none"> <li>Refer to Pharmacy First “Advice Sheet” available at <a href="http://www.hscbusiness.hscni.net/services/2800.htm">http://www.hscbusiness.hscni.net/services/2800.htm</a> for relevant patient advice</li> <li>Supply the patient with the marketing authorisation holder's PIL available at <a href="https://www.medicines.org.uk/emc">https://www.medicines.org.uk/emc</a></li> </ul>

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	<ul style="list-style-type: none"><li>• Supply patient with a PIL relevant to the condition; information on the PILs that are available <a href="http://www.hscbusiness.hscni.net/services/2800.htm">http://www.hscbusiness.hscni.net/services/2800.htm</a></li><li>• Supply patient with a copy of the pharmacy's Privacy Notice.</li></ul> <p>Advise the individual or their carer:</p> <ul style="list-style-type: none"><li>• to seek medical advice in the event of a severe adverse reaction</li><li>• to read the PILs provided before taking the medication</li></ul>
<b>Follow up</b>	Advise patient on expected duration of symptoms and when to seek further medical advice

### Referral Arrangements and Audit Trail

<b>Records/audit trail</b>	<ul style="list-style-type: none"><li>• Pharmacy First Consultation Form to be fully completed</li><li>• Section 4 of the consultation form contains a list of medicines that may be supplied via the Pharmacy First Service. Where a supply of medicine is made via this PGD, the consultation form must be manually annotated in section 4 (adjacent to the name of the medicine) with the following text: "Supplied via PGD"</li><li>• Consultation form should be signed and dated by the patient</li></ul>
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### PGD Template Development

	<b>Name</b>	<b>Signature</b>	<b>Date</b>
<b>Clinician</b>	Dr Ciara McLaughlin HSCB Medical Adviser	<i>Ciara McLaughlin</i>	21/01/19
<b>Pharmacist</b>	Sinead McElroy HSCB Pharmacy Adviser	<i>Sinead McElroy</i>	21/01/19

**This PGD has been reviewed and updated by the Regional PGD Review Group:**

<b>Name</b>	<b>Designation</b>
Siobhan O'Hare-Smith	HSCB Pharmacy Adviser

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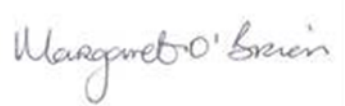

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### HSCB Authorisation for use in Community Pharmacies in Northern Ireland

This Patient Group Direction has been approved for use by the Health and Social Care Board by:

Primary Care approval			
Role	Name	Sign	Date
HSCB Head of General Medical Services	Dr Margaret O'Brien		24/01/2019
HSCB Head of Pharmacy & Medicines Management	Mr Joe Brogan MPSNI		24/01/2019

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**Authorisation Page – Community Pharmacies**

Organisations using PGDs must designate an appropriate person within the organisation to ensure that only fully competent, qualified and trained healthcare professionals operate within a PGD.

This page must be completed by pharmacists who will operate under the PGD i.e. pharmacists working in the community pharmacy

**Name of Community Pharmacy:** .....

The Pharmacy Manager / Contractor on behalf of the independent pharmacy contractor has accepted the responsibility to ensure that:

1. The named pharmacists (listed on the signature sheet) have received the appropriate training as detailed in the PGD.
2. Only fully competent, qualified and trained pharmacists operate within these directions on behalf of the community pharmacy.
3. The content of the Patient Group Direction is agreed on behalf of the independent pharmacy contractor.
4. Authorised staff should have access to a copy of the PGD indicating their authorisation to work within the scope of the PGD.

**Signature** ..... **Date**.....

**Name (please print)** .....



