# SECTION 2: AREA DRUG AND THERAPEUTICS COMMITTEE AND SUBCOMMITTEES

# SECTION: PATIENT GROUP DIRECTION SUB-COMMITTEE

### **ROLE:**

To advise in the development of practice, policies and governance that support improved access to medicines, treatment and supply under the NHS, using Patient Group Directions (PGDs). This includes approval, review, usage and monitoring of PGDs for any clinical area where supply or administration of a medicine is made by appropriately qualified healthcare workers without a prescribing qualification.

## **TERMS OF REFERENCE:**

The core functions of the PGD Sub-Committee will be to:-

- Ensure that there are systems in place to develop review, update, and distribute PGDs in use within NHS Greater Glasgow and Clyde, taking into account new legislation and changes in practice.
- Examine all PGDs for clinical and legal appropriateness, providing advice and relevant recommendations to PGD development groups regarding areas that will ensure that the PGD is safe and effective for use.
- Ensure that any PGD submitted for approval meets the following criteria:
  - Clinical appropriateness.
  - Accuracy of content, evidence based and reflects best clinical practice as above.
  - Evidence that a robust peer review process has been undertaken.
  - Assurance has been given regarding the requirement for the ongoing need for the PGD.
  - The PGD meets both legal and ethical requirements, such that NHS Greater Glasgow and Clyde can accept vicarious liability.
- Maintain a governance framework for PGDs across NHS Greater Glasgow and Clyde.
- Review and approve national and locally developed PGDs as appropriate.
  - Review and approve national and local protocols where appropriate to support vaccination programmes.
- Provide peer review on national template PGDs when required.

Governance of PGDs within each clinical area remains the responsibility of the service in which the PGD is used. The remit will be reviewed every 2 years.

### **EXECUTIVE AND MEMBERSHIP:**

The membership will consist of a core executive group consisting of:

- Medical Representative (Chair)
- Director of Nursing representative (nominated by NMAHP)
- Director of Pharmacy representative (nominated by Pharmacy Services) (Vice Chair)
- Non Medical Prescribing Lead (Vice Chair)
- Antimicrobial Team pharmacist representative (nominated by AMT)
- Allied Health Professional representative (nominated by Director for AHP).
- Sandyford Services representative (nurse)
- Minor Injury and Emergency Department representative (nurse)
- Public Health : health protection (Pharmacist)

ater Glasgow and Clyde

# NHS GREATER GLASGOW AND CLYDE POLICIES RELATING TO THE MANAGEMENT OF MEDICINES SECTION 2: AREA DRUG AND THERAPEUTICS COMMITTEE AND SUBCOMMITTEES



- Senior Pharmacy staff x 3 (nominated by Pharmacy Services)
- Professional secretary (nominated by Pharmacy Services)

Six members, including either Chair or Vice Chair and at least one nurse representative, must be present to allow for a meeting to be quorate.

An extended membership network will support the work of the Committee by providing specialist advice on use of PGDs and review on behalf of the Committee in the following clinical specialities/areas:

- Healthcare professional membership invited to provide professional review of PGD relevant to their clinical area or speciality :
  - Police custody and prison
  - Ophthalmology and optometry
  - o Radiography
  - Community Pharmacy

Additional membership will be sought for specific clinical areas when PGDs relevant to that setting are requested or reviewed.

All members to ensure that they have signed an updated Declaration of Interest.

## **ROLE OF MEMBERSHIP:**

The Executive membership will be responsible for the formal review and approval of PGDS submitted to the committee. Members of the Executive Committee will also act a point of contact for particular specialities to provide advice on the development and management of PGDs for those nominated areas.

Members providing an extended role will be asked to review and comment on any submitted PGD for their clinical area and report to the ADTC PGD subcommittee in order for the Committee to make an informed decision.

## **ATTENDEES:**

Representatives from the ADTC Committee or any sub-committees of the ADTC.

## **FREQUENCY OF MEETINGS:**

2 monthly or 6 meetings per year.

It may occasionally be necessary to approve PGDs by email/virtual consultation when the need for approval is urgent. On those occasions, all those approved virtually will be noted at the next available meeting.

## **ACCOUNTABILITY:**

Area Drug and Therapeutics Committee.

## **DISTRIBUTION OF MINUTES:**

Area Drug and Therapeutics Committee.