

1. Are PGDs appropriate for managing chronic disease?

No. In general individual patient prescribing is more appropriate for patients requiring long term management of their condition. There may be some situations in which using a PGD is more appropriate for the direct supply or administration of a medicine to a patient with chronic illness e.g., acute exacerbation of asthma, so each case needs to be considered individually

2. If a patient falls slightly outside the inclusion criteria in the PGD, can professional judgement be used to supply or administer a medicine?

The patient must fall exactly into the criteria determined by the PGD, if not the patient must be referred in line with the guidelines in the PGD.

3. How often should PGDs be reviewed?

Every two years and the review date should be included in the PGD, after the review date the PGD is no longer valid. However, the content of the PGD should be reviewed immediately if there are evidence based changes to clinical practice which affect the PGD, regardless of the review date

4. How long should PGD documentation be kept?

The same rules apply to PGD records as to all other patient records. For adults this is eight years and for children until the child is 25 years old, or for eight years after the child's death.

5. Can a nurse using a PGD delegate the administration of the medicine?

No, the nurse using the PGD must administer the medicine

6. Can patients receive unlicensed medicines under a PGD?

No, the PGD framework does not allow for unlicensed medicines to be supplied and/or administered.

7. Should all patients be given information leaflets with any medicine supplied?

Yes all patients should receive an information leaflet. The pharmacy department can advise on this.

8. Can agency and bank staff working in the NHS use PGDs?

Bank staff may be indemnified by the Trust, but agency staff are not and therefore are excluded from the use of PGD's within the Trust.