Patient Group Direction (PGD)
Supply of Phenoxymethylpenicillin for sore throat via the Pharmacy First Service

Version v01.01

Valid from November 2023 to end November 2025*

Review date November 2025

*(*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

This PGD covers the supply of phenoxymethylpenicillin via the SPPG Pharmacy First Service for the management of sore throats.

The Pharmacy First Service is available from community pharmacies in Northern Ireland contracted to provide the service.

Change History

Version number	Change details	Date
V01.01	➢ New SPPG PGD template for the supply of Phenoxymethylpenicillin via the Pharmacy First Service	13/09/2023

Patient Group Direction (PGD) for supply/administration of

Phenoxymethylpenicillin	**POM**

Staff Characteristics

Qualifications	Pharmacists currently registered with the Pharmaceutical Society of Northern Ireland
Specialist competencies or qualifications	Pharmacists must: 1. Be working as a community pharmacist in a pharmacy contracted to provide the Pharmacy First Service. 2. Be familiar with the relevant Summary of Product Characteristics for the medicines that may be supplied via this Patient Group Direction (PGD). 3. Be familiar with and adhere to relevant Pharmaceutical Society of Northern Ireland standards and guidance 4. Have completed all the required training modules/courses outlined in the service specification and guidance. The pharmacists must be able to assess the person's capacity to understand the nature and purpose of the medication in order to provide informed consent. 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. Under PGD legislation there can be no delegation. Supply of the medication has to be by the same practitioner who has assessed the patient under this PGD.
Continuing training & education	The pharmacist should be aware of any change to the recommendations for the medicines that may be supplied via this PGD. **The community pharmacist must provide the service in accordance with the requirements of the associated Service Specification and Guidance** available at https://hscbusiness.hscni.net/services/2800.htm 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.

Patient Group Direction (PGD) for supply/administration of

Phenoxymethylpenicillin	**POM**

Clinical Condition or situation to which this PGD applies

Clinical Condition or situation to which this PGD applies	First line treatment for the treatment of painful, inflamed throat which makes swallowing difficult, in accordance with the Pharmacy First Sore Throat service.
Criteria for inclusion	Phenoxymethylpenicillin can be given to: Adults and children aged 5 years and over presenting with symptoms of acute uncomplicated sore throat and they have: ➢ A FeverPain score of 2 or above **AND** ➢ A positive result from a Rapid Antigen Point of Care Test (POCT) for Streptococcus A infection ➢ No contraindications to phenoxymethylpenicillin and phenoxymethylpenicillin type antibiotics ➢ Informed consent has been given
Criteria for exclusion[1]	Phenoxymethylpenicillin should not be given: ➢ **Red Flag Symptoms**: ○ To anyone attending who has life-threatening symptoms such as stridor, breathing difficulty or dehydration that is associated with sore throat. Phone 999 immediately. ○ To patients with persistent symptoms (lasting > 2 weeks) and/or severe symptoms which may be indicative of more serious disease, such as cancer. Smoking and alcohol are risk factors that should be considered as part of clinical assessment ➢ If informed consent is not given. Patients do not agree to share relevant clinical information or there is no valid consent ➢ To children aged 4 years and under ➢ To patients with a known hypersensitivity to phenoxymethylpenicillin and penicillin type antibiotics – see SmPC ➢ To patients with known hypersensitivity to any of the excipients – see SmPC ➢ For phenoxymethylpenicillin oral solution only – patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltose insufficiency ➢ To patients with known or suspected hepatic failure ➢ To patients with moderate, severe or end stage renal failure (creatinine clearance <60mL/min) or patient has renal disease where renal function cannot be confirmed ➢ To patients at high risk of serious complications because of: ○ significant heart, lung, kidney, liver, or neuromuscular disease (including patients with a history of valvular heart

[1] Exclusion under this PGD does not necessarily mean the medication is contraindicated, but that it would be outside its remit and another form of authorisation for supply will be required

disease, rheumatic fever, post-streptococcal glomerular nephritis)
    - uncontrolled diabetes
    - patients who are immunocompromised
- To patients known to be immunosuppressed (accompanied by other clinical symptoms of blood disorders) including for example:
    - A patient who is on chemotherapy, radiotherapy, has known or suspected leukaemia, asplenia, aplastic anaemia or HIV/AIDS, or is taking an immunosuppressive drug following a transplant
    - A patient who is taking a disease-modifying anti-rheumatic drug (DMARD) e.g. sulfasalazine or methotrexate
    - A patient who is taking a medicine that can cause blood disorders (e.g. neutropenia, agranulocytosis, thrombocytopenia) leading to infection and acute sore throat including cytotoxic drugs, carbimazole, clozapine etc
- To patients with a history of repeated episodes (> 2 previous episodes) of Streptococcus A infection in previous 6 months
- If patients present with:
    - Signs of airway obstruction (inability to swallow, drooling, stridor, hoarse voice, muffled voice, holding a tripod position)
    - Signs of marked systemic illness or sepsis
    - Breathing difficulty
    - Dehydration
    - Severe neck pain and or stiffness
    - Severe pain
    - Persistent sore throat especially if unilateral
    - Persistent change in voice
    - Severe swallowing problems (dysphagia/ odynophagia)
    - Trismus or difficulty opening the jaw
    - Persistent mouth ulcer / lesions
    - Masses / unilateral swelling
    - Severe oral mucositis
    - Rash (e.g. scarlet fever)
    - Suspected rare cause e.g. Kawasaki disease
    - Symptoms of suppurative complications (e.g. otitis media, sinusitis, mastoiditis, peri-tonsillar abscess [quinsy], scarlet fever)
- To patients who are taking contra-indicated medicines (see drug interactions section for further detail) including:
    - methotrexate
    - bacteriostatic antibiotics e.g. tetracyclines, erythromycin, chloramphenicol and sulphonamides

	○ recent typhoid vaccination ➢ To patients also receiving long-term phenoxymethylpenicillin treatment ➢ To patients who the pharmacist has assessed as not having capacity to understand the nature and purpose of treatment ➢ Where a request has been made by a third party on behalf of a patient
Cautions (including any relevant action to be taken)	Please refer to the SmPC for phenoxymethylpenicillin for full details of special warnings and precautions for use. Oral penicillins are not indicated in patients with severe illness or with a gastrointestinal disease that causes persistent nausea, vomiting, gastric dilation, cardio spasm, intestinal hypermotility or diarrhoea because absorption may be reduced. Occasionally, patients do not absorb therapeutic amounts of orally administered penicillin. Caution should be used when treating patients with a history of antibiotic-associated colitis. During treatment with phenoxymethylpenicillin, non-enzymatic glucose tests may be false-positive. **History of Allergy** ➢ Phenoxymethylpenicillin should be given with caution to patients with a history of allergy, especially to other drugs. ➢ Phenoxymethylpenicillin should also be given cautiously to cephalosporin-sensitive patients, as there is some evidence of partial cross-allergenicity between the cephalosporins and penicillins. Patients have had severe reactions (including anaphylaxis) to both drugs. ➢ If the patient experiences an allergic reaction phenoxymethylpenicillin should be discontinued and treatment with the appropriate agents initiated (e.g. adrenaline and other pressor amines, antihistamines and other corticosteroids). ➢ Particular caution should be exercised in prescribing phenoxymethylpenicillin to patients with an allergic diathesis or with bronchial asthma. **Diabetes** ➢ If a patient with diabetes is unsure of how to manage their condition when they are unwell or are not eating and drinking they should be advised to contact their GP or diabetic nurse. ➢ **Oral hypoglycaemic agents/Insulin** - Careful monitoring of glucose is recommended.

Potassium

- Phenoxymethylpenicillin preparations contain potassium, which may be harmful to people on low potassium diets and may cause stomach upset, diarrhoea and hyperkalaemia. High doses should be used with caution in patients receiving potassium-containing drugs or potassium sparing-diuretics.

Oral anticoagulants

- There is a risk of serious haemorrhage and significant elevations in International Normalized Ratio (INR) and prothrombin time when antibiotics are co-administered with warfarin. INR and prothrombin times should be frequently monitored while patients are receiving antibiotics and oral anticoagulants concurrently.
- **Patients must be referred to the clinic responsible for INR monitoring within 3 days of starting antibiotic treatment.**
- Caution should be exercised when antibiotics are co-administered with direct acting oral anticoagulants such as dabigatran, rivaroxaban and apixaban, particularly to patients at high risk of bleeding.

Pregnancy

- Not known to be harmful.
- Phenoxymethylpenicillin has been in extensive clinical use and suitability in human pregnancy has been well documented in clinical trials. However, as with other drugs, caution should be exercised when supplying to pregnant patients.
- A patient information leaflet (PIL) is available to support a patient in their decision to use antibiotics during pregnancy. bumps - best use of medicine in pregnancy (medicinesinpregnancy.org)

Lactation

- Trace amounts in milk, but appropriate to use.
- Phenoxymethylpenicillin is not contraindicated with breast feeding. Trace amounts of phenoxymethylpenicillin can be detected in breast milk. While adverse effects are apparently rare, two potential problems exist for the nursing infant:
  - modification of bowel flora
  - direct effects on the infant such as allergy/sensitisation
- Caution should therefore be exercised when supplying for the

	nursing mother. **Pseudomembranous colitis** ➢ Pseudomembranous colitis has been reported with nearly all antibacterial agents and may range in severity from mild to life-threatening. ➢ Clostridiodes difficile-associated diarrhoea (CDAD) has been reported with use of nearly all antibacterial agents and may range in severity from mild diarrhoea to fatal colitis. **Sucrose in phenoxymethylpenicillin oral solution** ➢ Phenoxymethylpenicillin oral solution may contain sucrose ➢ To be taken into consideration in patients with diabetes mellitus ➢ May be harmful to teeth
Action to be taken if individual is excluded or declines treatment	➢ Phone 999 immediately for anyone attending who has life-threatening symptoms such as stridor, breathing difficulty or dehydration that is associated with sore throat. ➢ If patient meets the exclusion criteria, refer to a medical practitioner. The urgency with which a referral needs to be made is based on the presenting symptoms following clinical examination. Patients presenting with any of the following symptoms must be referred to the Emergency Department: o Severe suppurative complications (e.g. peri-tonsillar abscess or cellulitis, parapharyngeal abscess, retropharyngeal abscess, or Lemierre syndrome) as there is a risk of airway compromise or rupture of the abscess. o Signs of being markedly systemically unwell and at risk of immunosuppression. o Suspected Kawasaki disease. o Diphtheria: characteristic tonsillar or pharyngeal membrane. o Signs of being profoundly unwell and the cause is unknown or a rare cause is suspected, for example: Stevens–Johnson syndrome or Yersinial pharyngitis. ➢ Explain the reasons for exclusion to the patient and document in the consultation record. ➢ If the patient declines treatment: advise of the consequences of not receiving treatment and document the advice given and details of any referral made and their (patient, parent or guardian) intended actions. ➢ Patients may be provided with advice and symptomatic treatment from the analgesic section of the service formulary.

Patient Group Direction (PGD) for supply/administration of

Phenoxymethylpenicillin	**POM**

Further advice	If there is any doubt about the administration of the medication or patient's fitness or suitability to receive the medication, a doctor should be consulted. Refer to SmPC and BNF.

Description of treatment

Name, form & strength of medicine	• Phenoxymethylpenicillin 250mg tablets • Phenoxymethylpenicillin 125mg/5ml or 250mg/5ml oral solution • Phenoxymethylpenicillin 125mg/5ml or 250mg/5ml sugar-free oral solution
Legal category	POM - Prescription only medicine
Indicate any off-label use **(if relevant)**	➢ Phenoxymethylpenicillin oral solution – **No off-label use** ➢ Phenoxymethylpenicillin tablets – **Yes** If the patient is unable to swallow tablets AND phenoxymethylpenicillin oral solution is unavailable the tablets may be dispersed in water OR crushed and mixed with liquid or soft food. See Specialist Pharmacy Service (SPS) guidance for patients with swallowing difficulties for further advice. It is important to note the following: ○ administration in this way is off-label (used outside of the product licence). ○ when crushing tablets or opening capsules, caution should be exercised on handling the antibiotic powder produced to avoid contact sensitisation or inhalation. Safety measures that should be used include: ○ use a closed system e.g. dispersing a tablet in the barrel of a syringe. ○ wear gloves to reduce contact with the skin, and a mask to prevent dust inhalation. ○ sensitisation is a risk with all of the antibiotics but may be of particular concern with penicillins. Parents/carers with penicillin allergy should avoid involvement in preparing and administering the tablets this way.
Route / Method of administration	**Oral** ➢ Phenoxymethylpenicillin tablets: Each tablet should be swallowed whole with water, at least 30 minutes before food or 2 hours after food. ➢ Phenoxymethylpenicillin oral solution: Follow the instructions for reconstitution Dose should be taken at least 30 minutes before food or 2 hours after food

Patient Group Direction (PGD) for supply/administration of

Phenoxymethylpenicillin	**POM**

Dose and frequency of administration	**Children aged 5 years** – 125mg four times a day for TEN days **Children aged 6-11 years** – 250mg four times a day for TEN days Where a patient is unable to comply with four times a day dosing regime, the dose can be given as: 500mg twice a day for TEN days. **Adults and children 12 years and over** – 500mg four times a day for TEN days Where a patient is unable to comply with four times a day dosing regime, the dose can be given as: 1000mg twice a day for TEN days.
Duration of treatment	This PGD only allows for the duration stated in the dosage schedule above.
Quantity to be supplied	Appropriately labelled packs to provide treatment for TEN days: **Tablets:** 40 x 250mg tablets to provide TEN days treatment at a dose of 250mg every six hours (four times a day) OR 80 x 250mg tablets to provide TEN days treatment at a dose of 500mg every six hours (four times a day) **Oral solution 125mg/5ml:** 2 x 100ml to provide TEN days treatment at a dose of 125mg (one 5ml spoonful) every six hours (four times a day) OR **Oral solution 250mg/5ml:** 2 x 100mL to provide TEN days treatment at a dose of 250mg (one 5ml spoonful) every six hours (four times daily) OR 4 x 100mL to provide TEN days treatment at a dose of 500mg (two 5ml spoonfuls) every six hours (four times daily)
Storage	Medicines must be stored securely and in accordance with product SmPC Tablets: Store below 25ºC Reconstituted oral solution: Store in a refrigerator at 2°C - 8°C for up to seven days.
Disposal	Advise return of any unused medication to community pharmacy for safe disposal
Drug interactions	The following list of interactions is not exhaustive. A detailed list of drug interactions can be found in the SmPC and the BNF. **Contraindications**

- Methotrexate: Use of phenoxymethylpenicillin while taking methotrexate can cause reduced excretion of methotrexate thereby increasing the risk of toxicity.
- Typhoid vaccine (oral): Penicillins may inactivate oral typhoid vaccine if ingested concomitantly. Avoid where recent vaccination or vaccination due.
- Bacteriostatic antibiotics: Certain bacteriostatic antibiotics such as chloramphenicol, erythromycin, tetracyclines and sulphonamides have been reported to antagonise the bactericidal activity of penicillins and concomitant use is not recommended.

Cautions for use

- Guar gum: Reduced absorption of phenoxymethylpenicillin.
- Coumarin anticoagulants: Penicillins may interfere with anticoagulant control (see 'cautions' section above).
- Phenindione - Penicillins may interfere with anticoagulant control. (see 'cautions' section above).
- Aminoglycosides: Neomycin is reported to reduce the absorption of phenoxymethylpenicillin.
- Probenecid: Reduced excretion of phenoxymethylpenicillin by competing with it for renal tubular secretion.
- Sulfinpyrazone: Excretion of penicillins reduced by sulfinpyrazone.
- Patients receiving potassium-containing drugs or potassium sparing- diuretics (see 'cautions' section above)
- During treatment with phenoxymethylpenicillin, non-enzymatic urinary glucose tests may be false-positive.

Identification & management of adverse reactions

The following are side effects reported for all penicillins. This list is not exhaustive. A detailed list of adverse reactions is available in the SmPC and the BNF.

- Advise the patient that if any of the following side effects occur, discontinue treatment immediately and contact the Emergency Department or dial 999:
  - Allergic reactions such as sudden difficulty with breathing, speaking and swallowing
  - Extreme dizziness or fainting
  - Severe itchy skin rash especially if blistering, soreness of the eyes mouth or genital organs.

- Very common to common adverse effects (affecting between 1 in 10 and 1 in 100 patients) with phenoxymethylpenicillin (and does not reflect all reported side effects):

	○ Nausea, vomiting, diarrhoea, abdominal pain, allergic reactions, hypersensitivity; skin reactions, urticarial, erythematous or morbilliform rash, pruritis. ➢ Rare or very rare adverse effects (affecting between 1 in 1000 and 1 in 10,000 patients): ○ Sore mouth, black hairy tongue, hepatitis, cholestatic jaundice, Agranulocytosis; angioedema; laryngeal oedema, anaphylaxis, serum sickness like reactions characterised by fever, chills, arthralgia and oedema, pseudomembranous colitis, interstitial nephritis, thrombocytopenia, neutropenia, leukopenia, eosinophilia and haemolytic anaemia, exfoliative dermatitis, cerebral irritation, convulsions. ➢ Frequency of adverse effects not known: ○ Circulatory collapse; coagulation disorder, faeces soft; fever; increased risk of infection; neurotoxicity; oral disorders; paraesthesia.
Management of and reporting procedure for adverse reactions	Any adverse reaction to the product should be documented in the patient's medical records. Alert a doctor in the event of a serious adverse reaction. Report any suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) by using the Yellow Card reporting scheme.
Written or other information to be given to individual or carer	➢ Supply the marketing authorisation holder's patient information leaflet (PIL). ➢ Supply the Information for parents and carers leaflet if patient cannot swallow tablets and the liquid is unavailable. ➢ A PIL is available to support a patient in their decision to use antibiotics during pregnancy. bumps - best use of medicine in pregnancy (medicinesinpregnancy.org) ➢ Provide all patients/carers with a copy of the TARGET PIL
Individual advice / follow up	Inform the patient or their carer: ➢ That the tablets should be swallowed whole with water. ➢ If the patient can't swallow tablets and the liquid is unavailable the tablets can be dispersed in liquid or crushed and mixed with liquid or soft food. ➢ The oral solution should be shaken well before each dose. ➢ The importance of good oral hygiene to prevent tooth discolouration in children.

	➢ Each dose should be taken 30 minutes before food or 2 hours after food. ➢ If they get any side effects, to talk to their doctor, pharmacist or nurse. This includes any possible side effects not listed in the PIL. ➢ In the event of a severe adverse reaction to discontinue treatment immediately and seek to medical advice. ➢ Read the PIL before taking the medication. ➢ Visit the NHS website on phenoxymethylpenicillin for more information. ➢ To seek medical advice if their condition deteriorates and/or they become systemically unwell or if their symptoms do not improve.
Special considerations / additional information	Inform the patient or their carer: ➢ That the condition is self-limiting and is likely to get better within 7 days, with or without antibiotic treatment. ➢ To seek further medical advice if symptoms do not improve within 7 days or worsen. ➢ That taking simple analgesics at regular intervals will help temperature and discomfort. ➢ That adults and older children may find sucking throat lozenges, ice cubes or flavoured frozen desserts (e.g. ice lollies) provides symptomatic relief. ➢ That they may wish to try medicated lozenges to help reduce pain but their benefit is likely to be small. It is unclear if throat sprays containing an antiseptic plus local anaesthetic or benzydamine gargles help symptoms. ➢ To avoid smoking and smoky environments. ➢ To drink plenty of cool or warm fluid and avoid very hot drinks that could irritate the throat. Eat cool and soft foods. ➢ That adults can try a warm saline mouthwash or gargle (half a teaspoon of salt in a glassful of warm water) at frequent intervals, but do not swallow the mouthwash – this is not suitable for young children. Reinforce messages around preventing infections e.g. wash hands frequently, avoid sharing glasses or utensils with people who are ill, cough or sneeze into a tissue and dispose of it in the bin.

Records and Audit Trail

Records	Appropriate records must include the following:

	➢ That valid informed consent has been given. ➢ Patient's name, address and date of birth. ➢ Name of GP patient is registered with. ➢ Specify how the patient has/has not met the criteria of the PGD. ➢ Name/dose/form/quantity of medicine supplied. ➢ Date and time of supply. ➢ Relevant past and present medical history. ➢ Documentation of cautions as appropriate. ➢ Advice given if the patient is excluded or declines treatment. ➢ Details of any ADRs/allergy status and actions taken. ➢ The supply must be entered in the Patient Medication Record (PMR). ➢ That supply was made under a PGD. ➢ Any safety incidents, such as medication errors, near misses and suspected adverse events. ➢ Any additional requirements in accordance with the service specification. ➢ GP to be notified within 24 hours (where possible) of the supply. ➢ All records must be kept for the time periods in line with the DOH Good Management, Good records guidelines. This includes individual data, master copies of the PGD and lists of authorised practitioners. **Records should be signed and dated.** **All records should be clear, legible and contemporaneous.** **A record of all patients receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.**
Additional Facilities / Requirements	➢ The pharmacy must have a Standard Operating Procedure (SOP) for providing the service, with the appropriate procedures and policies in place, including consent, record keeping, competency and training requirements. ➢ Medication supplied using this PGD must be labelled with the same labelling and other information which patients would otherwise have received if the medicine had been supplied against a prescription. If a PMR system is used it should be documented that the medicine was supplied via PGD. ➢ Access to medical support (this may be via telephone). ➢ Safe storage areas for medicines and equipment. ➢ Clean and tidy clinical rooms that allow confidentiality and patient privacy and access to hand washing facilities. ➢ Access to the latest information on phenoxymethylpenicillin contraindications, cautions, side effects and interactions.

- Access to PPE and suitable RAD tests.
- Pharmacists must possess appropriate professional indemnity.

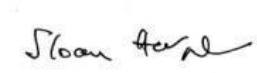
Key references

- Electronic BNF https://bnf.nice.org.uk/
- Summary Product Characteristics SmPC. Available from: Home - electronic medicines compendium (emc) https://www.medicines.org.uk
- Patient Group Directions. Medicines practice guideline [MPG2] http://www.nice.org.uk/guidance/mpg2/resources
- GPhC In Practice: Guidance on Consent 2018. Available at: https://www.pharmacyregulation.org/sites/default/files/document/in_practice_guidance_on_consent_june_2018.pdf
- GPhC in Practice: Guidance on confidentiality 2018. Available at: https://www.pharmacyregulation.org/sites/default/files/document/in_practice_guidance_on_confidentiality_june_2018.pdf
- Clinical Knowledge Summaries Sore Throat – acute. Available from https://cks.nice.org.uk
- BMJ Best Practice. Acute pharyngitis. Available from https://bestpractice.bmj.com
- Management of Sore Throat and Indications for tonsillectomy – SIGN guidance 117 April 2010 Available from https://www.sign.ac.uk
- AWMSG All Wales Common Ailments Formulary Common ailments formulary - All Wales Therapeutics and Toxicology Centre (nhs.wales) https://awttc.nhs.wales
- NICE Guideline NG84 Sore throat (acute): antimicrobial prescribing, https://www.nice.org.uk/guidance/ng84/chapter/Recommendations#managing-acute-sore-throat
- Patient UK. Sore Throat Cause, Symptoms and Treatment. Available from https://patient.info
- BMJ Best Practice. Tonsillitis. Available from https://bestpractice.bmj.com
- Specialist Pharmacy Service (SPS) guidance for patients with swallowing difficulties
- Yellow Card Reporting site. http://yellowcard.mhra.gov.uk
- Leaflets A to Z. Best Use of Medicines in Pregnancy BUMPS provided by the UK Teratology Information Service (UKTIS) Available from bumps - best use of medicine in pregnancy (medicinesinpregnancy.org)

Patient Group Direction (PGD) for supply/administration of

Phenoxymethylpenicillin	**POM**

PGD Template Development

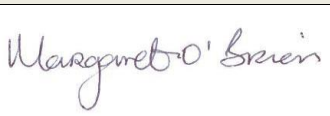
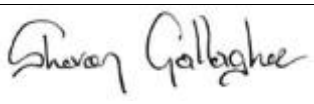
	Name	**Signature**	**Date**
Clinician	Dr Sloan Harper SPPG Medical Adviser		11/10/23
Pharmacist	Siobhan O'Hare-Smith SPPG Pharmacy Adviser		18/10/23

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

Name	**Designation**
Sinead McElroy	SPPG Pharmacy Adviser

SPPG Authorisation for use in Community Pharmacies in Northern Ireland

This Patient Group Direction has been approved for use by the DoH Strategic Planning and performance Group by:

Primary Care approval			
Role	**Name**	**Sign**	**Date**
SPPG Head of General Medical Services	Dr Margaret O'Brien		25/10/2023
SPPG Head of Pharmacy & Medicines Management	Joe Brogan FPSNI		19/10/2023
SPPG Clinical Governance Lead	Sharon Gallagher Deputy Secretary Department of Health		30/10/2023

Patient Group Direction (PGD) for supply/administration of

Phenoxymethylpenicillin	**POM**

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 service specification and guidance.
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) .....

Patient Group Direction (PGD) for supply/administration of

Phenoxymethylpenicillin	**POM**

Authorisation Page - Individual Signature Sheet

The following registered pharmacists are allowed to operate under this PGD

I have read and understood the Patient Group Direction and agree to supply this medicine only in accordance with this PGD. I understand that PGDs do not remove inherent professional obligations or accountability and it is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with the "Code for pharmacists in Northern Ireland".

Name of Professional (PRINT)	Signature	Date

Print extra copies of this page as need be. Page __ of __