



PGDs and Medicines Mechanisms: An update session

SPS Medicines Governance Do Once Team

The first stop for professional medicines advice

May 2024

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Today's webinar

- Introducing the team
- Legislation changes
- Staff seasonal vaccinations 24/25
- PGD Explainers
- New and updated resources
- Medicines Governance Do Once Programme Update
- Website developments

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Medicines Governance Do Once Team



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Legislation changes

Extension of Regulations 247A, 19 and 3A to March 2026

- Pandemic legalisation to support mass vaccination
- Discussions underway regarding 247A and longer-term vision

VAT

VAT no longer applicable to medicines supplied under PGD by community pharmacies to align with supplies via FP10

Controlled Drugs

Nitrous oxide – Schedule 5 CD. Remains a P medicine – can be legally administered without a legal mechanism (local protocol recommended) or supplied under a PGD





Controlled Drugs continued:

The Misuse of Drugs Regulations amended 31 December 2023 to:

- > Enable prescribing of five specified controlled drugs by paramedic independent prescribers:
 - Morphine sulphate by oral administration or by injection;
 - Diazepam by oral administration or by injection;
 - · Midazolam by oromucosal administration or by injection;
 - · Lorazepam by injection;
 - Codeine phosphate by oral administration
- > Enable prescribing of six specified controlled drugs by therapeutic radiographer independent prescribers:
 - Tramadol by oral administration;
 - Lorazepam by oral administration;
 - Diazepam by oral administration;
 - Morphine by oral administration or by injection;
 - Oxycodone by oral administration;
 - Codeine by oral administration
- > Allow supply of three codeine products by **registered chiropodists and registered podiatrists** (Schedule 17 HMR):
 - Co-codamol;
 - Co-dydramol;
 - Codeine phosphate
- The SI also made additional technical amendments

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Anticipated legislation changes

PGD use by Registered Pharmacy Technicians

- Consultation completed and supported.
- Following legislative process.

PGD use by Operating Department Practitioners

- CHM supported.
- Undergoing necessary preparatory processes with Home Office and ACMD re CDs. DHSC aiming to progress later in 2024.

PGD use by Biomedical scientists/Clinical scientists

- Proposal not supported by CHM.
- Under further review with relevant professional bodies.





Anticipated legislation changes

Schedule 17 exemptions dental hygienists and therapists

- Schedule 17 exemptions for administration/supply
- Consultation completed following legislative process

Schedule 17 exemptions expansion for registered paramedics

- Agreed. CHM supported now undergoing necessary preparatory processes with Home Office and ACMD regarding CDs
- Independent prescribing by advanced practitioner diagnostic radiographers
 - Supported by CHM. DHSC aiming to progress later in 2024

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Future planning

Replacement for 247A

- discussions underway to consider amending current legislation/introducing new legislation relating to vaccinations
- Independent healthcare providers direct authorisation of PGDs for NHS/LA commissioned services
 - NHSE and DHSC in early discussions/scoping. May be an interim position to support ICBs – NHSE considering proposals

Midwives to seek extension of Schedule 17 exemptions

- Part of NHSE Preventative Medicines in Pregnancy programme
- Further registered professions potentially will seek addition to PGD legislation

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Active discussions - non-parenteral POMs

- RCOphth advice published based on the interpretation that the legislation relates to parenteral POMs only following MHRA guidance.
- Position this advice takes is that as the eye drops are not parenteral therefore legislation does not require them to be prescribed if legally possessed.
- SPS continue to seek clarification on the wider issue of the administration of nonparenteral POMs alongside the CQC.
- SPS, MHRA, CQC and DHSC legal advisers met July 2022 advised since that DHSC lawyers have prepared advice which the MHRA are considering awaiting outcome.
- For individual organisations to decide if they wish to follow the RCOphth advice consideration needs to be given to the governance, risk, training, accountability, possible reach etc.

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Staff vaccinations – 'flu and COVID 24/25

> 'Flu

- 24/25 'flu plan published no major changes
- WI templates will be produced by SPS alongside UKHSA PGD for IM 'flu vaccination and will be published on the SPS website
- Timescales will reflect those of UKHSA

> COVID

 Expected that COVID vaccination will remain non-OHS function for 24/25 – as in 23/24 health/social care staff provision will be via NHS commissioned service under PGD/NP





PGD Explainers

COMING VERY SOON!

- New resource from SPS PGD Explainer short videos
- First series to be published shortly more to come in due course
- Each video explains a single area of PGD use/practice
- Can be listened to alone or in combination with relevant webpages/elfh PGD e-learning programme
- Feedback very welcome feedback button on webpage





New and updated resources



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Medicines Governance Do Once Programme

New rolling programme in place to constantly review PGD/protocol templates in use:

- Reviews SPCs and supporting guidance
- Clinically significant changes will trigger PGD updates
- Increased number of updates during late 2023/early 2024
- Updates highlighted via SPS Twitter/LinkedIn and via SPS email updates to registered recipients

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Medicines Governance Do Once Programme

- Implementation guide update supporting organisations in adopting PGD templates
- All SPS development processes (PGD/protocol/WI) are updated and available via the SPS website
- Considerations for developing national PGD templates
 - new webpage details decision where no national SPS PGD template will be developed











Planned SPS PGD templates

Smoking cessation

- > Cytisinicline awaiting NICE guidance but intention to develop national SPS PGD template
- > Varenicline PGD has been developed but will not be published until stock issues resolved

Hepatitis C

- > Once finalised will be shared by NHSE with Hep C ODNs:
 - Elbasvir/grazoprevir 50mg/100mg (Zepatier®)
 - Glecaprevir/pibrentasvir 100mg/40mg (Maviret®)
 - Ledipasvir/sofosbuvir 90mg/400mg (Harvoni®)
 - Sofosbuvir/velpatasvir 400mg/100mg (Epclusa®)

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New SPS PGD/protocol templates

Reproductive health

Copper IUD protocol – support insertion of medical device by trained professionals

Radiology services

Sodium chloride 0.9% - for multi-injector devices within imaging services







Antimicrobials

Suspected meningitis

Benzylpenicillin injection for suspected meningitis
(bacterial) and meningococcal disease

Otitis media

- Otigo (phenazone with lidocaine) ear drops for otitis media
- Amoxicillin for otitis media
- Clarithromycin for otitis media
- Erythromycin for otitis media

Sore Throat

- Penicillin V (phenoxymethylpenicillin) for sore throat
- Clarithromycin for sore throat
- Erythromycin for sore throat

Sinusitis

- Mometasone furoate monohydrate nasal spray for sinusitis
- Fluticasone furoate nasal spray for sinusitis
- Penicillin V (phenoxymethylpenicillin) for sinusitis
- Clarithromycin for sinusitis
- Doxycycline for sinusitis
- Erythromycin for sinusitis



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Antimicrobials continued

Infected insect bites or stings

- Flucloxacillin for infected insect bites or stings
- Clarithromycin for infected insect bites or stings
- Erythromycin for infected insect bites or stings

Shingles

- Aciclovir for shingles
- Valaciclovir for shingles

Impetigo

- Hydrogen peroxide 1% cream for impetigo
- Fusidic acid 2% cream for impetigo
- Flucloxacillin for impetigo
- Clarithromycin for impetigo
- Erythromycin for impetigo

Uncomplicated urinary tract infections (UTIs)

- Nitrofurantoin for uncomplicated UTIs
- Trimethoprim for uncomplicated UTIs





SPS PGD webpages update

- The website contains a wealth of information on PGDs
- We've been making some changes to make it easier for you to find and read the content
- A short demo on the main changes...







Volunteers needed

- We are looking for volunteers to help us evaluate some of our PGD resources
- This will consist of a 45-60 minute session via Teams
 - dates in May/June to be confirmed
- If you are interested, please email <u>Inwh-tr.sps-pgd@nhs.net</u>
 - include a summary of your main role(s) with PGDs (e.g. whether you mainly develop PGDs, manage PGDs or act as an authorising body signatory or have no prior PGD experience)





SPS PGD/medicines mechanism resources

For further advice on many aspects of PGDs and medicines mechanisms please visit the SPS website



