The Dudley Group
NHS Foundation Trust

Trust Headquarters
Russell's Hall Hospital
Dudley
West Midlands
DY1 2HQ

Ref: FOI-000440

Date: 24/11/23

Address / Email:

Dear

Request Under Freedom of Information Act 2000

Thank you for requesting information under the Freedom of Information Act 2000, please see response below

	Question	Answer
1General Information:	How many active Patient Group Directions (PGDs) does the Trust currently have in place?	November 2023: 117 active PGDs
	In which departments or services within the Trust are PGDs most used?	November 2023: Radiology Department Emergency and Acute departments
2 **Usage of PGDs:**	Over the past 3 years, how many patients have been treated under a PGD in the Trust?	PGDs are used in areas where digital services are available: 33620 patients Nov 2020 to November 2023 Where paper records exist for PGDs, data collection is limited, particularly for outpatient areas.
	How does the Trust ensure that PGDs are only used by those healthcare professionals competent to do so?	The Medicines Act 1968, Schedule 16 part 4, states which registered professionals are authorised to use a PGD. PGDs are subject to Trust Governance processes, for ratification, training and education and audit. The format of each individual PGD identifies and states the registered professional who is authorised to use the PGD.

		The PGD, also outlines all training and education requirements, that is required by each user of the PGD, to be completed prior to use of it. This is to ensure safety and competency of use of the PGD. Links to additional educational materials are available in the body of the PGD to enable trained health professionals using the PGD to deliver safe and effective services. A Trust Matron/Clinical Lead and local leads for each area using a PGD holds responsibility for ensuring competency and comprehensive outlined in the PGD is maintained. Each clinical area maintains a register of all those approved to use the PGD. The PGD specifies the expiry and renewal of training and competency as appropriate. The PGD register support review of training. All registered professionals have a duty to maintain their registration and competency, under their appropriate governing body. The Trust holds centrally and maintains a register for all registrants. The Trust is notified (through internal dashboard checks) when expiry of registration approaches, any expired registrants and all in date. This is closely monitored within teams and line managers, thus ensuring only registered healthcare professionals can act and use named PGDs.
3 **Types of Medications**	Please provide a list of all medications currently administered under a PGD within the Trust.	List added in excel worksheet For a copy of medications please contact dgft.foi@nhs.net quoting reference 000440
	Are there specific medications that the Trust has deemed unsuitable for PGD use? If so, which ones	• Abortifacients: A requirement of the Abortion Act 1967 is that a pregnancy may only be terminated by a registered medical practitioner. • Unlicensed Medicines: PGDs must only include medicines with a UK marketing authorisation, in line with The Human Medicines Regulations 2012 (regulation 229).
4 **Audit Policy:**	How frequently does the Trust audit the use of PGDs?	**1. Patient Group Direction (PGD) Auditing:** • Responsibility: The Lead/Matron is responsible for auditing each PGD • Frequency: This auditing process occurs a one year before its expiry date.

		• Variability: The audit dates vary for each PGD, corresponding to its expiry date (each is valid for 3 years). **2. NICE Audit by Lead PGD Pharmacist:** • Responsibility: The Lead PGD Pharmacist conducts a NICE audit annually. • Scope: This audit covers all PGDs within the purview of the Lead PGD Pharmacist. **3. Bi-Monthly Spot Checks by Lead PGD Pharmacist:** • Responsibility: The Lead PGD Pharmacist performs spot checks on a designated area every two months. • Scope: The spot checks encompass a specific clinical area. • Purpose: These spot checks serve as ongoing assessments to ensure compliance and adherence to standards in the designated area. In summary, the PGD auditing process involves a combination of Lead/Matron audits one year before expiry, annual NICE audits by the Lead PGD Pharmacist, and bi-monthly spot checks in specific areas to maintain ongoing compliance.
	What measures are in place to ensure the safe and appropriate use of PGDs, based on audit findings.	The Lead Pharmacist for Governance – PGDs reports to the Trust Drugs and Therapeutics Committee. Here, all PGDs are monitored, reviewed and audit results presented. Actions from this committee are resolved collaboratively with the Lead/Matron to have a continuous improvement cycle to enhance patient safety related to PGD use. All medication-related incidents including those for PGDs are reported via the Trust incident reporting system, Datix. All incidents are reviewed independently with a view to enhance patient safety and learning.
	Have there been any adverse events or incidents in the past 3 years related to the use of PGDs? If so,	2021 = 0 2022 = 0 2023 = 3 Three adverse effects occurred in a specific area in 2023. The main issue identified via root cause

	how many and what were the main issues identified?	analysis was the limited provision of information to patients upon issuing medication. The Trust has a standard templated Patient Information Leaflet (PIL) which are then edited and tailored to specific medication/ procedures or treatments. On these three occasions when adverse incidents were reported, it was identified that the three patients had not received such information. In this clinical area, the registered healthcare professionals had not adhered to the PGD. The following actions have taken place to improve patient outcomes: Distribution of PILs: To ensure that every patient receives the appropriate PILs along with their medications. To document this action in the patient medical record. • Staff Training and Awareness: Training sessions to educate healthcare professionals about the importance of providing PILs and adhering to PGD guidelines. • Audit and Monitoring: Regular audits and monitoring mechanisms to track the distribution of PILs and adherence to PGD guidelines. This will help identify and rectify any lapses in the future. • Communication Improvement: Enhanced communication channels between healthcare providers and patients to reinforce the importance of medication adherence and the availability of PILs for patient reference.
5 **Review and Update:**	What is the Trust's policy on the regular review and update of PGDs?	The Trust PGD Policy states, in line with NICE guidance: Each PGD must be reviewed before the expiry date given on the PGD. The review date given on the PGD is an indication when the review process should commence and include audit where possible during this period. The expiry date will not exceed 3 years from the date the PGD was authorised.
	How often are PGDs typically reviewed and updated within the Trust?	**Routine Review by Drug and Therapeutics Committee (DTC):** Frequency: Every PGD undergoes a routine review two years post-authorisation by the Drug and Therapeutics Committee (DTC).

		Purpose: The review aims to assess the continued relevance, efficacy, and safety of the PGD in light of evolving medical knowledge and healthcare practices. **Ad hoc Updates for New Clinical Guidelines:** Trigger: Any new clinical guidelines implemented prompt ad hoc updates to the respective PGDs. Purpose: To ensure that PGDs promptly reflect the most current and evidence-based clinical guidelines, enhancing patient safety and treatment effectiveness. **Expiration and Comprehensive Review:** Timeline: Every PGD has a predefined lifespan of three years. Process: Clinical and Pharmaceutical Review before expiration, each PGD undergoes a thorough clinical and pharmaceutical review. Update: Based on the review findings, necessary updates are made to the PGD, addressing any identified issues or incorporating new insights.
	Who is responsible for the creation, review, and update of PGDs within the Trust?	**Creation:** Working group includes the Lead PGD Pharmacist, Lead speciality Pharmacist, Lead Nurse service, Matron, Medical practitioner. Purpose: To collaboratively create new PGDs, ensuring a multidisciplinary approach that incorporates the expertise of pharmacists and healthcare professionals who work within the speciality using the PGD. **Review:** Working group includes the Lead PGD Pharmacist, Lead speciality Pharmacist, Lead Nurse service, Matron, Medical practitioner. Purpose: To assess the effectiveness, relevance, and safety of existing PGDs. **Update:** Working group includes the Lead PGD Pharmacist, Lead speciality Pharmacist, Lead Nurse service, Matron, Medical practitioner. Purpose: To implement updates or revisions based on the recommendations from the review process. This ensures a structured and collaborative approach to PGD management, fostering continuous improvement in patient care.
6 **Training:**	What training does the Trust provide to staff regarding the use of PGDs?	Training requirements for each individual PGD are detailed in sections 3.2 and 3.3 of the respective PGD documents. Section 3.2 covers the initial training requirements. Section 3.3 outlines continued training requirements. The individual named in section 6.3 of the PGD is designated with the responsibility for ensuring training completeness and ongoing compliance with training requirements. Staff members are encouraged to utilise the e-learning platform www.e-lfh.org.uk for

		completing their training on Patient Group Directions (PGDs).
	How frequently is this training provided and updated?	Training is provided in accordance with the specifications outlined in sections 3.2 and 3.3 of each respective PGD. Audit findings support in identifying areas for improvement in the training process. This ensures staff training aligns with PGD specifications, remains up-to-date, and is systematically reviewed and updated in accordance with the three-year cycle, even if no changes are identified during that period.

If you are dissatisfied with our response, you have the right to appeal in line with guidance from the Information Commissioner. In the first instance you may contact the Information Governance Manager of the Trust.

Information Governance Manager
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Should you disagree with the contents of our response to your appeal, you have the right to appeal to the Information Commissioners Office at.

Information Commissioners Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
Tel: 0303 123 1113
www.ico.org.uk

If you require further clarification, please do not hesitate to contact us.

Yours sincerely

Freedom of Information Team
The Dudley Group NHS Foundation Trust