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Protocol & Procedures for the Development of Patient Group Directions

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Guideline / Policy on a Page – Summary of Key Points

- This policy aims to ensure that all patient group directions (PGDs) we developed comply with the law.
- The guidance is for all staff who are involved in any way in utilising PGDs for service delivery
- PGDs will be consistent with current best clinical practice and will be evidence based
- Registered clinicians for whom the PGDs are to be written are sufficiently competent in all aspects of the medications involved
- PGDs will be consistent with the Summary of Product Characteristics for the relevant product unless such use is exceptional and justified by current best clinical practice and is evidence based
- Particular caution will be exercised in any decision to draw up PGDs relating to antibiotics
- PGDs will not be produced for long term treatment of chronic conditions or repeated medication issues except contraception
- Some controlled drugs can be supplied and/or administered under a PGD
- Requests for new patient group directions must be sent to the Lead Pharmacist with responsibility for PGDs
- This trust has around 80 PGDs in use, which need to be reviewed and re-authorised every two years. In order to make the best use of the time of those professionals writing, reviewing, signing and authorising PGDs the production of PGDs will be strictly controlled.
- We will not support the development of PGDs for privately funded services e.g. some vaccines required for overseas travel.
- Care provided under a PGD must be audited. Practitioners need to be able to access records of patients who have received medication under a PGD for audit purposes so that the appropriateness of the supply or administration can be reviewed.
- Notification of newly published PGDs (brand new or updated) will be sent to designated individual(s) to co-ordinate distribution to appropriately trained staff
- No deviation from this policy will be allowed. Any patient group direction that has been developed independently of this policy will not be authorised for use in the trust..
- Original signed copies of the PGD will be kept by the Lead Pharmacist for PGDs. A signed copy of the approved direction will be published on the WHCT website.
- All practitioners using PGDs must be signed up to the current version, in advance of it being used. After the expiry date the PGD is not valid. Medicines must not be supplied or administered on the authority of an expired PGD.
- All patient group directions will be reviewed every 2 years.

Worcestershire Health and Care NHS Trust

Protocol & Procedures for the Development of Patient Group Directions (PGDs)

Document Type	Medical Policy
Unique Identifier	Med - 049
Document Purpose	To ensure core standards of good practice for the development of PGDs
Document Author	Alex Johnson, Senior Pharmacist
Target Audience	WHCT Staff who are involved in any way in using PGDs to deliver a service
Responsible Group(s)	Medicines Management and Safety Sub-Committee
Date Ratified	October 2017
Expiry Date	October 2020

The validity of this policy is only assured when viewed via the Worcestershire Health and Care NHS Trust website (hacw.nhs.uk.). If this document is printed into hard copy or saved to another location, its validity must be checked against the unique identifier number on the internet version. The internet version is the definitive version.

If you would like this document in other languages or formats (i.e. large print), please contact the Communications Team on 01905 681770 or by email to WHCNHS.Communications@nhs.net

Version History

Version	Circulation Date	Job Title of Person/Name of Group circulated to	Brief Summary of Change
1	23.02.17	Alex Johnson, Lead Pharmacist for PGDs	Update text with new communications & accessibility, co-production info together with minor updates eg typos & updated Appendix 1
2	23.02.17	John Morrison, Chief Pharmacist, Michele Haslam MIU ECH, Dawn Shaw MIU POWCH, Trish Cerrone Deputy Director of Nursing, Sumit Bhaduri Deputy Medical Director (& Sexual Health Consultant), Carole Clive Nurse Consultant Infection Prevention and Control.	Minor re-wording around involvement of consultant microbiologist + extend circulation to Medical & Nursing Directors.
3	9.3.2017	Andy Sant Medical Director; Michelle Clarke Director of Nursing & Quality	No changes
4	15.3.2017	Alison Davis Immunisation Team Leader	Minor Typos
5	25.4.2017	Medicines Management and Safety Sub-Committee	No changes
6	22.09.2017	Clinical Policies Group virtual approval	Policy reformatted to comply with Trust's policy template. EA amended to provide rational / justification for 9 protected characteristics & policy on a page added.
7	9.10.2017	Alex Johnson, Lead Pharmacist for PGDs	Minor changes to contact details and EIA. Addition of Policy on a Page.

Accessibility

Interpreting and Translation services are provided for Worcestershire Health and Care NHS Trust including:

- Face to face interpreting;
- Instant telephone interpreting;
- Document translation; and
- British Sign Language interpreting.

Please refer to the intranet page: http://nww.hacw.nhs.uk/a-z/services/interpreting-and-translation-services/ for full details of the service, how to book and associated costs.

Training and Development

Worcestershire Health and Care NHS Trust recognises the importance of ensuring that its workforce has every opportunity to access relevant training. The Trust is committed to the provision of training and development opportunities that are in support of service needs and meet responsibilities for the provision of mandatory and statutory training.

All staff employed by the Trust are required to attend the mandatory and statutory training that is relevant to their role and to ensure they meet their own continuous professional development.

Co-production of Health and Care – Statement of Intent

The Trust expects that all healthcare professionals will provide clinical care in line with best practice. In offering and delivering that care, healthcare professionals are expected to respect the individual needs, views and wishes of the patients they care for, and recognise and work with the essential knowledge that patients bring. It is expected that they will work in partnership with patients, agreeing a plan of care that utilises the abilities and resources of patients and that builds upon these strengths. It is important that patients are offered information on the treatment options being proposed in a way that suits their individual needs, and that the health care professional acts as a facilitator to empower patients to make decisions and choices that are right for themselves. It is also important that the healthcare professional recognises and utilises the resources available through colleagues and other organisations that can support patient health.

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1. Introduction

This protocol aims to ensure that all patient group directions (PGDs) developed by Worcestershire Health and Care Trust (WHCT) and used by clinicians contracted by WHCT comply with the law, HSC 2000/026.

The guidance is for all Worcestershire Health and Care Trust (WHCT) staff who are involved in any way in utilising PGDs for service delivery. The protocol also outlines the principles applied to the production of PGDs specifically:

- PGDs will be consistent with current best clinical practice and will be evidence based.
- Registered clinicians for whom the PGDs are to be written are sufficiently competent in all aspects of the medications involved.
- PGDs will be consistent with the Summary of Product Characteristics for the relevant product unless such use is exceptional and justified by current best clinical practice and is evidence based.
- Particular caution will be exercised in any decision to draw up PGDs relating to antibiotics.
- Black triangle drugs may be included provided such use is exceptional, justified by current best clinical practice and is evidence based.
- The use of controlled drugs continues to be regulated under the Misuse of Drugs Act 1971.
- Patient group directions will only be developed for the administration of Prescription Only Medicines (POM), or the supply of POMs and Pharmacy Medicines (P). PGDs will not be developed for parenteral administration of Prescription Only Medicines that are exempt from legislative restrictions when administered for the purpose of saving life in an emergency.
- Patient Group Direction will only be developed for situations where there is access to the medications involved including pre-labelled medications where a supply for patients to take home is appropriate.
- PGDs will not be produced for long term treatment of chronic conditions or repeated medication issues except contraception
- Prescriptions charge rules and exemptions will apply

2. Background

The majority of clinical care should be provided on an individual patient-specific basis; for medicines, this means supply or administration in response to a prescription or direction by a doctor, dentist or non-medical prescriber. The supply and administration of medicines under patient group directions should be reserved for those limited situations where this offers an advantage for patient care (without compromising patient safety), and where it is consistent with appropriate professional relationships and accountability.

HSC 2000/026 outlines Patient Group Directions, which are ‘written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment’.

All patient group directions developed and used must comply with the law, HSC 2000/026 and with this policy. PGDs must be signed by the appropriate individuals before they are used. All PGDs used in the trust will describe high quality practice.

Patient group directions enable non-prescribers to administer or supply Prescription Only Medicines (POM) and Pharmacy Only Medicines (P) without a prescription or direction from a doctor, dentist, or non-medical prescriber.

3. Scope

This policy applies to all clinical staff employed by, contracted by, or funded by, Worcestershire Health and Care Trust (WHCT). Bank and agency staff must sign up to WHCT PGDs if they are required to use them and may not work for WHCT under PGDs produced by other organisations.

The qualified health professionals who may supply or administer medicines under a patient group direction are nurses; midwives; health visitors; optometrists; pharmacists; chiropodists; radiographers; orthoptists; physiotherapists; ambulance paramedics; dental hygienists & dental therapists, dieticians; occupational therapists; speech and language therapists; prosthetists and orthotists. They can only do so as named individuals.

The trust must designate an appropriate person within the organisation to ensure that only fully competent, qualified and trained individuals use PGDs.

4. Identification of need for a Patient Group Direction

Requests for new patient group directions must be made using the form 'Proposal for the development of a PGD' (Appendix 1) and sent to the Lead Pharmacist with responsibility for PGDs. The professional lead or service manager for the area proposing to use the PGD should sign the request and support the principle of a PGD.

The Medicines Management & Safety Sub-Committee (MMSSC) will consider each request and decide whether the development of a PGD is appropriate. The MMSSC will meet bi-monthly.

Patient group directions will only be developed for the administration of Prescription Only Medicines (POM), or the supply of POMs and Pharmacy Medicines (P). PGDs will not be developed for parenteral administration of Prescription Only Medicines that are exempt from legislative restrictions when administered for the purpose of saving life in an emergency.

This trust has over 80 PGDs in use, which need to be reviewed and re-authorised every two years. In order to make the best use of the time of those professionals writing, reviewing, signing and authorising PGDs the production of PGDs will be strictly controlled.

4.1 Antimicrobials

Particular caution should be exercised in any decision to draw up PGDs relating to antibiotics. Microbial resistance is a public health matter of major importance and great care should be taken to ensure that their inclusion in a direction is absolutely necessary and will not jeopardise strategies to combat increasing resistance. It is desirable for a local microbiologist to be

involved in any new PGD for an antibiotic where appropriate. Any such directions should be consistent with local policies and should be subject to regular external audit.

4.2 Black triangle drugs and medicines used outside the terms of the license

Black triangle drugs (i.e. those recently licensed and subject to special reporting arrangement for adverse reactions) and medicines used outside the terms of the Summary of Product Characteristics (e.g. as used in some areas of paediatric care) may be included in PGDs provided such use is exceptional, justified by current best practice (e.g. NICE guidance) and that a direction clearly describes the status of the product. Black triangle vaccines used in immunisation programmes may be included in PGDs, provided they are used in accordance with the schedules recommended by the Joint Committee on Vaccination and Immunisation.

4.3 Children

Where the medicine is for children, particular attention will be needed to specify any restrictions on the age, size and maturity of the child. Each PGD should clearly state when the product is being used outside the terms of the SPC and documentation should include the reasons why, exceptionally, such use is necessary.

4.4 Controlled Drugs

The Home Office is responsible for legislation governing the use of all controlled drugs, even when used for medicinal purposes. The Misuse of Drugs Regulations 2001 governs controlled drugs usage and, in October 2003, they were amended to allow some controlled drugs to be supplied and/or administered under a PGD. The following controlled drugs can be supplied or administered under a PGD:

- Diamorphine & morphine but only by nurses and pharmacists for the immediate necessary treatment of a sick or injured person (except for treating addiction).
- Midazolam listed in Schedule 3 of the 2001 Regulations.
- All drugs listed in Schedule 4 of the 2001 Regulations (mostly benzodiazepines), except anabolic steroids
- All drugs listed in Schedule 5 of the 2001 Regulations (i.e. low strength opiates such as codeine)

4.5 Private Practice

WHCT will not support the development of PGDs for privately funded services e.g. some vaccines required for overseas travel.

5. Development

If it is agreed by the Medicines Management & Safety Sub-Committee that the development of a PGD is appropriate, the professional lead/service manager will be informed. They must take responsibility for identifying persons to assist in developing it, including a senior doctor. They must also identify the competencies required by those who may be signed up to use the PGD. The format of a PGD is shown in Appendix 2. PGDs may be developed for supply or administration.

6. Authorisation & Responsibility

The patient group direction must be signed by the senior doctor involved in its development and the Lead Pharmacist for PGDs to authorise the content of the direction.

An Executive Officer of the trust, for example the Director Nursing & Quality will sign to authorise use within WHCT.

A senior person will be designated with the responsibility for the PGD within their clinical area; this will normally be the professional or service lead as appropriate. Each PGD must be signed by the delegated individual to authorise its use in their clinical area. To ensure that only fully competent, qualified and trained professionals operate within the directions, each individual working under the direction must be signed up to the PGD by the service lead or their line manager. Authorisation of PGDs for use in clinical areas and of individual staff should be on the approved form (Appendix 3).

The Trust will only accept responsibility for employed staff working to PGDs that have been authorised for use in the WHCT and to which the member of staff has been confirmed in writing as competent to use by their line manager and/or service lead.

Individual practitioners have a responsibility to keep up to date with current practice and recommendations. The individual product information given in the PGD is based on that available at the time of writing and in accordance with the Summaries of Product Characteristics (SPCs) for brands available at the time. In the event of a change of brand, it is important for the practitioner to refer to the specific product SPC. Staff operating under any PGD must be alert to information issued by the Department of Health, the MHRA and the BNF concerning the medicine/s covered.

7. Administration and Dissemination

Original signed copies of the PGD will be kept by the Lead Pharmacist for PGDs. A signed copy of the approved direction will be published on the WHCT website. Publication date and expiry date are also tabulated, the former appearing in red for the first 3 months following posting to draw attention to the fact they have been recently updated.

Notification of newly published PGDs (brand new or updated) will be sent to designated individual(s) to co-ordinate distribution to appropriately trained staff. It is the responsibility of the designated individual to ensure new staff are authorised to use relevant PGDs. This means that they are responsible for all paperwork being correct (ie current version on intranet) and all practitioners using that PGD being signed up to it in advance. Copies of this paperwork must be kept in a safe place in the clinical area eg. in a folder specifically for that purpose and may be required for inspection periodically.

8. Updates

All patient group directions will be reviewed every 2 years; co-ordinated by the Lead Pharmacist for PGDs. If it is still needed after the expiry date, it must be reviewed and re-approved for use before it expires. After the expiry date the PGD is not valid. Medicines must not be supplied or administered on the authority of an expired PGD.

Should there be a significant change in practice and/or change in the Summary of Product Characteristics (SPC) during the life of an approved PGD, the Lead Pharmacist for PGDs will decide whether the PGD needs to be amended accordingly in consultation with the development team or whether alternative communication is appropriate.

The dissemination of the revised PGD will be the responsibility of the designated individual.

9. Auditing use of PGDs

As stated in HSC 2000/026, care provided under a patient group direction must be audited. Practitioners need to be able to access records of patients who have received medication under a PGD for audit purposes so that the appropriateness of the supply or administration (or of not supplying or administering a medicine) can be reviewed.

Any audit reports should be forwarded to the Lead Pharmacist for PGDs for consideration when PGDs are reviewed and updated. The results will highlight areas of best practice as well as areas of concern and will identify any areas of training and development need.

10. Incident Reporting

All incidents must be reported according to the WHCTs Incident Reporting Policy.

Adverse drug reactions (ADRs) should be reported to a doctor immediately or as appropriate. A separate report for all serious adverse reactions for established medicines and for all adverse reactions for black triangle medicines should be made to the Medicines and Healthcare products Regulatory Agency (MHRA) via the Yellow Card Scheme.

11. Monitoring

No deviation from this policy will be allowed. Any patient group direction that has been developed independently of this policy will not be authorised for use in WHCT.

12. References & Further Information

1. Health Service Circular 2000/026. Patient Group Direction. Issues date 09/08/00.
2. Patient Group Direction – a practical guide and framework of competencies for all professionals using patient group directions. National Prescribing Centre, March 2004.
3. Archived Patient Group Direction website. National electronic Library for Medicines
4. Patient Group Directions NICE Good Practice Guidance August 2013 (Updated Feb 2014)

13. Contacts

Pharmacy and Medicines Management Team, Worcestershire Health and Care NHS Trust

whcnhs.medicines@nhs.net
01905 733704 Internal 37925

14. Appendices

APPENDIX 1

PROPOSAL FOR THE DEVELOPMENT OF A PATIENT GROUP DIRECTION
Please complete and submit for approval prior to the development of a full PGD.

Proposed Title of PGD

Name of Proposer **Position**

Outline the case for a PGD **<u>Provide details of:</u>** **Who will be working under the PGD?** **Do you wish to supply medication (for patient to take away) or administer it on site?** **Reason why a prescriber is not available** **Roughly how many patients per year will benefit from the use of this PGD?** **How WHCT services will improve?** **What are the benefits to patient care?** **Name and form of product to be supplied or administered** **Define inclusion criteria** **Define exclusion criteria** **Describe any potential risks of using this PGD** **If you are asking for off-licence use you will need to provide good quality evidence to support its use in this way.**
Consequences of not having a PGD

Name of Professional Lead/Service manager	
Signature	**Date**

Additional information to support the application

Please return to Lead Pharmacist for PGDs in the Pharmacy & Medicines Management Department

Appendix 2
Supply of Medicine

PATIENT GROUP DIRECTION (PGD) FOR

Ulipristal Acetate 30 mg Tablet

YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT

Clinical Condition	
Indication	**Emergency contraception** for women 16 years of age or older who have had unprotected sexual intercourse as outlined below and present at the consultation.
Inclusion criteria	Female having had unprotected sexual intercourse (UPSI) up to 120 hours (5 days). UPSI could be defined as failed coitus interruptus, ejaculation on external genitalia, miscalculation of the rhythm method, condom rupture/dislodgement or misuse, femidom dislodgement or misuse, diaphragm/cap inserted incorrectly, dislodged or found to be torn or removed too early, complete or partial expulsion of an IUCD, midcycle IUCD removal, greater than 14 weeks since last depot medroxyprogesterone acetate (Depo-Provera) injection, greater than 10 weeks since last norethisterone enantate (Noristerat) injection, spermicides used alone. UPSI within 2 days following a missed progestogen-only pill (POP) ie more than 3 hours late or 12h for desogestrel. The POP should be continued with additional barrier contraception for 9 days. Combined pill (COC): if two or more pills missed from the first 7 pills in a cycle and the woman has had UPSI either in the pill free week or in the first seven days of the cycle, or there has been lengthening of the pill free interval. The COC should be continued with additional barrier contraception for 14 days. Recent use of suspected teratogens - Live vaccines (e.g. yellow fever, measles), drugs (e.g. cytotoxics). Has been offered an emergency intrauterine device but is not willing or able to have inserted on day of attendance. Sexual assault
Exclusion criteria If any of the following apply the PGD CANNOT be used and the patient must be referred to a prescriber	Age below 16 years Presentation more than 120 hours after UPSI Pregnancy or late period (established by history and or pregnancy test) Significant problems with previous emergency contraception Known allergy to Ulipristal. Severe hepatic impairment. Severe uncontrolled asthma. Patients with rare hereditary problems of galactose intolerance

Cautions - Seek further advice from doctor before proceeding and document advice	Concomitant use of potentially interacting drugs eg. dabigatran etexilate, digoxin, rifampicin, phenytoin, phenobarbital, carbamazepine, St John's Wort, proton pump inhibitors, antacids and H2-receptor antagonists, long term use of ritonavir, and emergency contraception containing levonorgestrel ARE NOT RECOMMENDED. See BNF and or SPC for full list of drugs
Further information	Ulipristal can be taken at any time during the menstrual cycle. Repeated administration of Ulipristal within the same menstrual cycle is not advisable. Ulipristal does not prevent pregnancy in every case. If pregnancy occurs the possibility of an ectopic pregnancy should be considered, despite the occurrence of uterine bleeding. After Ulipristal intake menstrual periods can occur earlier or later than expected by a few days. In 7% of the women, periods were more than 7 days early. In 18.5% of the women a delay of more than 7 days occurred, and in 4% the delay was greater than 20 days. After intake of Ulipristal breastfeeding is not recommended for at least 7 days. To stimulate lactation during this time, women are advised to express milk and discard it.
Action if patient declines or is excluded	Refer to supervising doctor or receiving facility as appropriate. Document refusal or action taken in patient's records. Re-consider for emergency IUD
Drug Details	
Name, form & strength of medicine	Ulipristal acetate 30mg tablet (eg EllaOne)
Legal status	POM
Route/Method	Oral
Dosage / frequency	Single dose
Duration of treatment	Single dose
Quantity to supply	One tablet
Side effects	The most commonly reported adverse reactions were headache, nausea, abdominal pain and dysmenorrhea. If vomiting occurs within 3 hours of Ulipristal intake, another tablet should be taken. Ulipristal may reduce the effectiveness of oral contraceptives so a barrier method should be used (in addition) until the next menstrual period starts. Mild to moderate dizziness is common after Ulipristal intake, caution if driving or operating machinery.

Advice to patient/carer	Supply manufacturer's patient information leaflet. If adverse effects occur the patient should consult their clinic, GP, pharmacist, A&E for advice. May be taken with or without food Advise that period may be early or late (see further info section) Explain that emergency contraception does not provide contraceptive cover for subsequent unprotected sexual intercourse. Discuss sexually transmitted disease risk. Offer testing or referral for testing for sexually transmitted infections according to facilities available Discuss correct way to take POP or COC Discuss future contraception: emphasise that EHC is not suitable for repeated use because it has a higher failure rate than regular oral contraception.
Follow Up	Advise clients to go to their GP or Contraception/Sexual Health clinic with a sample of early morning urine if they have not had a period within 28 days of taking emergency contraception, or if the period is exceptionally light (failed method), or experience unusual or severe abdominal pain (ectopic pregnancy)
Staff Characteristics	
Professional qualifications	Nurse on the NMC Register
Specialist competencies or qualifications	A nurse with ENB R71 or equivalent qualification (after discussion and agreement with the service/departmental lead), who has undertaken training in and attended annual updates on and is therefore competent to supply and administer medicines under PGDs. Trained to carry out clinical assessment of patient leading to diagnosis that requires treatment according to the indications listed in this PGD.
Continuing education & training	It is the responsibility of the individual to keep up-to-date with clinical developments as part of their continued professional development.

Referral Arrangements and Audit Trail	
Records/audit trail	Patient's name, address, date of birth, Contact details of GP (if registered), Diagnosis, Dose and form supplied, Advice given to patient (including side effects), Signature/name of staff who supplied the medication, Details of any adverse drug reaction and actions taken including documentation in the patient's medical record, Referral arrangements (including self-care)
References/Resources and comments	Current versions of :- SPC – Summary of Product Characteristics BNF – British National Formulary Faculty of Sexual and Reproductive Healthcare Clinical Guidance for Emergency Contraception

Clinical Authorisation	
Lead Doctor	Dr Melanie Mann, Consultant in Contraception and Reproductive Health Signature: Date:
Lead Pharmacist	Dr Alex Johnson, Pharmacist Signature: Date:
Lead Nurse	Anita Griffiths**,** Practice Development Nurse, Sexual Health Directorate Signature: Date:
Organisational Authorisation	
On behalf of Worcestershire Health and Care NHS Trust	Michelle Clarke, Director of Nursing & Quality Signature: Date:

Date Approved : July 2013	Expiry Date : July 2015
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Appendix 3

Individual Authorisation

PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY.

It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.

Note to Authorising Managers: authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation. Authorising managers should be sure that staff signed up to use the PGD have the necessary competence, training and knowledge to apply it.

I have read and understood the Patient Group Direction and agree to supply/administer this medicine only in accordance with this PGD. I confirm that I have the necessary competence, training and knowledge to apply it.

Name of Professional	Signature	Authorising Manager	Date

15. Equality Analysis

Equality Analysis

Title of Policy/Function (Function Includes: Services; Projects; Strategy; Processes; Systems; Practices; Procedures; Protocols; Guidelines; Care Pathways etc..)	New	Existing/Revised
Protocol & Procedures for the Development of Patient Group Directions		x

Short description of Policy/Function (aims and objectives, is the policy/function aimed at a particular group if so what is the intended benefit):
To enable staff to understand how to apply to develop new or change existing PGDs and understand the criteria which will be considered

Name of Lead/Author(s)	Job Title	Contact details
Alex Johnson	Prescribing Support Pharmacist	Alex.johnson6@nhs.net

When the policy/function involves patients/staff/partners/stakeholders etc please where possible include them in the Equality Analysis to demonstrate openness, transparency and inclusion and particularly by those who this policy/function is most likely to have impact.

Does this Policy/Function have any potential or actual impact that is positive(+), neutral (N) or negative (-) impact on the following protected characteristics please indicate:				
	+	N	-	Please provide a rational/justification for each of the following regardless of impact
Age		N		The choice to use a medicine under this policy will relate to the age of the person/child and in some cases the weight of the person.
Disability		N		The choice to use a medicine under this policy will relate to an individual's ability to take the medication in the format identified in the PGD and the patient's safety.
Gender Reassignment		N		The choice to use a medicine under this policy will relate to its safety and efficacy in that individual.
Pregnancy & Maternity		N		The choice to use a medicine under this policy will take into account the type of medication and the stage of pregnancy and or safety whilst breast feeding.

Race		N		The choice to use a medicine under this policy will relate to its safety and efficacy in that individual.
Religion & Belief		N		The choice to use a medicine under this policy will relate to its safety and efficacy in that individual and take into account a patient's race and religious beliefs.
Sex		N		The choice to use a medicine under this policy will relate to its safety and efficacy in that individual.
Sexual orientation		N		The choice to use a medicine under this policy will relate to its safety and efficacy in that individual.
Marriage & Civil Partnership		N		The choice to use a medicine under this policy will relate to its safety and efficacy in that individual.

Other Groups who could experience inequality, eg carers, homeless, travelling communities, unemployed, people resident within deprived areas, different socio/economic groups eg low income families, asylum seekers/refugees, prisoners, people confined to closed institutions or community offenders, people with different work patterns eg part-time, full-time, job-share, short-term contractors or shift workers - *Access, location and choice of venue, timings of events and activities. Support with caring responsibilities*
All groups are dealt with regardless

Analysis conducted by: (minimum of 3 people)			
	Name	**Job Title**	**Contact details**
1	Alex Johnson	Prescribing Support Pharmacist	Alex.johnson6@nhs.net
2	John Morrison	Chief Pharmacist	John.morrison6@nhs.net
3	Shelley Priest	Medicines Safety Officer	Shelley.priest@nhs.net

Start date of policy/function		**Period valid for :**
Review date of policy/function		3 years

Service Delivery Unit:								
Reference/Version:	V6	**Date Equality Analysis completed**:	D	D	M	M	Y	Y
			0	2	0	8	1	7

If you have identified a potential discriminatory impact on the policy/function please refer it to the author together with suggestions to avoid or reduce the impact.

A copy of the completed Equality Analysis must be attached to the policy/guideline.