



**Policy and procedure for the development and implementation of Patient Group Directions in Brent Teaching Primary Care Trust**

<b>Policy Number</b>	<b>PMMC 08</b>
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<b>Ratifying committee</b>	<b>Prescribing &amp; Medicines Management Committee</b>
<b>Related policies</b>	<b>Record Keeping, Incident Reporting Medicines Policy</b>

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# **Policy and procedure for the development and implementation of Patient Group Directions in Westminster Primary Care Trust**

## **POLICY**

### **Introduction**

- Medicines are normally supplied and administered in response to a prescription written by a doctor or dentist. However, it is now possible, in some circumstances, for medicines including prescription only medicines (POMs) to be supplied or administered in accordance with a 'Patient Group Direction' (PGD). The relevant Health Service Circular is HSC 2000/026.

### ***Definition of a Patient Group Direction***

Written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment (i.e. without a prescription written by a doctor).

- HSC 2000/026 states "the majority of clinical care should be provided on an individual, patient-specific basis. 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 its safety), and where it is consistent with appropriate professional relationships and accountability."
- In order to comply with HSC 2000/026 the PCT needs to:
  - ◇ identify clinical situations which require a Patient Group Direction (PGD)
  - ◇ ensure that all PGDs comply with the criteria listed in HSC 2000/026 and in Appendix A of the first report of the Department of Health's Review of Prescribing, Supply and Administration of Medicines<sup>1</sup>

### **Policy Statement**

All Patient Group Directions developed and used must comply with the law, HSC 2000/026 and with this policy and procedure. See the procedure below for notes on the development of PGDs. PGDs must be approved by the appropriate steering group and signed off by the named Clinical Governance and professional leads before they are used. All PGDs used in the PCT must describe high quality practice.

## PROCEDURE

### 1. How to develop a Patient Group Direction

- 1.1 Careful consideration needs to be given as to whether a PGD is required and the most appropriate option for supply and/or administration of medicines. The flowchart 'To PGD or not to PGD' from [www.portal.nelm.nhs.uk/pgd/default.aspx](http://www.portal.nelm.nhs.uk/pgd/default.aspx) is a useful guide.

PGDs must ensure that patient safety is not compromised or put at risk. They should also take account of patient choice and patient convenience. The PGD should generally be consistent with the product's Summary of Product Characteristics and any relevant national guidance from e.g. National Institute of Clinical Excellence (NICE), Joint Committee on Vaccination and Immunisation (JCVI). Unlicensed medicines and medicines being used in clinical trials cannot be included in PGDs.

PGDs for vaccinations which are part of the routine immunisation schedule are routinely developed and kept up to date by the steering group.

- 1.2 Contact your PCT pharmacist. The pharmacist will inform you if a PGD is currently in use for this medication. If a new PGD is required, the applicant and the PCT pharmacist will discuss a drafting process.
- 1.3 The next step is to complete the pro forma 'Proposal for the development of a PGD' – appendix 1. Your PCT pharmacist can provide you with the document as a word file. The healthcare professionals involved with developing the PGD must complete the PCT pro forma to demonstrate compliance with the criteria specified in HSC 200/026 (appendix 2).
- 1.4 The proposal will be taken to the next PGD Steering Group, your PCT pharmacist will have the dates. A representative from the service requesting the PGD will be invited to the meeting to discuss the proposal.
- 1.5 Following approval for development by the steering group the PGD will be scheduled into the workplan. A PCT pharmacist will be identified by the steering group to assist with the pharmaceutical content of the PGD.
- 1.6 A clinician with relevant expertise needs to be involved in writing the clinical content of the PGD. They could be the doctor or dentist attached to the service or may be a local specialist in the PCT or a local acute trust as necessary. Before signing the PGD the clinician must be happy that it is safe and describes practice of high quality (taking special note of any aspects that no other signatory can be expected to have knowledge of).
- 1.7 The completed PGD will be checked by the multi-disciplinary PGD steering group. Following approval by the steering group the PGD goes forward for signing off by clinical governance.

- 1.8 The development and approval process is described in appendix 3.
- 1.9 The implementation and dissemination process is described in appendix 4.

## **2. Antimicrobials**

- 2.1 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 jeopardize strategies to combat increasing resistance. A local microbiologist should be involved in drawing up the PGD. The authors should ensure that any such PGDs are consistent with local policies and subject to regular external audit.
- 2.2 A PGD for an antibiotic must be approved by a local consultant microbiologist. The comments of the Microbiologist and/or related discussions need to be kept on record.

## **3. Controlled Drugs**

Substances on Schedule 4 (with the exclusion of anabolic steroids) and all substances on Schedule 5 may be administered or supplied according to the directions of a PGD. Diamorphine (Schedule 2) may be administered by specialist trained personnel in specific situations (refer to the latest Department of Health guidelines for full information).

## **4. Black Triangle Drugs and medicines used outside the terms of the Summary of Product Characteristics (SPC)**

Black triangle drugs (i.e. those recently licensed and subject to special reporting arrangements for adverse reactions) and medicines used outside the terms of the SPC (e.g. where the DoH has issued evidence based advice on immunisation and the SPC has not yet been updated) may be included in PGDs provided such use is exceptional, and justified by current best clinical practice (e.g. NICE guidance). 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 the documentation should include the reasons why, exceptionally, such use is necessary.

## 5. Characteristics of staff authorised to take responsibility for the supply or administration of medicines under a PGD

5.1 The details of the professional qualification required are in HSC 2000/026 and also on the MHRA and Department of Health website. The qualified professionals who may supply or administer medicines under a PGD are:

- Nurses
- Midwives
- Health visitors
- Optometrists
- Pharmacists
- Podiatrists/Chiropodists
- Radiographers
- Orthoptists & Prosthetics
- Physiotherapists
- Paramedics
- Dieticians
- Speech and language therapists
- Occupational Therapists

5.2 The PGD needs to specify the qualifications, training, experience and competence considered necessary and relevant to the clinical condition to be treated.

5.3 The PGD needs to specify requirements for initial and continued training or education for staff supplying or administering under the PGD. The steering group will consider this as part of the approval process.

5.4 Staff contracted to provide a service but not directly employed by the Trust, for example temporary staff can use the PGD provided:

- The manager is assured the staff member has the necessary qualifications, experience and competence relevant to the clinical condition to be treated

**and**

- The staff members agrees to practice in accordance with the PGD

The PGD agreement should be signed by the manager and the temporary member of staff.

## 6. Expiry date and changes in practice

6.1 The expiry date on a PGD will be 24 to 36 months from the date it is approved for use by the steering group. After the expiry date the PGD is not valid; medicines must not be supplied or administered on the authority of an expired PGD. In some exceptional circumstances the expiry date of the PGD may need to be extended for a short period of time without full review. This may be due to insufficient information at time of review or if waiting clarification from an external source e.g. DoH. The extension must be approved by the steering group.

6.2 Should there be a significant change in practice and/or a change in the Summary of Product Characteristics (SPC) during the life of an approved PGD, the steering group will decide whether the PGD needs to be amended accordingly and submitted for re-approval or whether another method of communication is appropriate.

6.3 Practitioners will be informed of any extension or amendments to the PGD.

## **7. Auditing PGDs**

- 7.1 As stated in HSC 2000/026, care provided under a Patient Group Direction must be audited.
- 7.2 Practitioners must 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.
- 7.3 The Steering Group and Clinical Governance team will work in conjunction to ensure that audit is taking place. It is a requirement for antibiotics PGDs to be audited by an external reviewer.

## **References and other useful information**

1. Review Team. *Review of Prescribing, Supply & Administration of Medicines. A Report on the Supply and Administration of Medicines under Group PGDs.* Department of Health, 1998
2. HSC 2000/026. *Patient Group Directions.* Issue date 9.8.00. Review date 9.8.03.
3. *Patient Group Directions* – a practical guide and framework of competencies for all professionals using PGDs, March 2004. URL: <http://www.npc.co.uk>
4. *National Electronic Library for Medicines* [www.nelm.nhs.uk](http://www.nelm.nhs.uk)
5. *Medicines Matters – a guide to current mechanisms for the prescribing, supply & administration of medicines* Department of Health, 2006

**Proposal for the Development of a Patient Group Direction**

Please complete and submit for approval by the PGD Steering Group prior to the development of a full PGD.

<b>Title of PGD</b>
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<b>Name of Proposer Position</b>
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<b>Current Service</b>
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<b>Outline the case for a PGD</b> Provide details of: <ul style="list-style-type: none"><li>• Who will be working under the PGD</li><li>• How PCT services will improve</li><li>• Benefits to patient care</li><li>• Names of drugs to be supplied and/or administered</li><li>• Define inclusions</li><li>• Define exclusions</li><li>• Describe any potential risks of using this PGD</li></ul>
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<b>Consequences of not having a PGD</b>
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**Names of Author(s) and Clinical Checker**

**Additional Information to support application**

**PGD authorised for development by:**

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Chair of PGD Steering Group**

<b>Timetable for Development</b>	<b>Date</b>
Proposal received by PGD Steering Group	
PGD authorised for development	
Final draft of PGD to Steering Group by	
PGD ready for Approving Committee Signatures	

## Brent Teaching Primary Care Trust

Patient Group Direction (PGD) for the  
Administration and /or supply of

Generic name of Medicine

(Statement below is to be included on all vaccine PGDs)  
'To be used in conjunction with the PGD for the Administration of  
Vaccines in Primary Care (Ref. No. BPCT 001)'

### PGD prepared by:

	Name	Job Title	Signature	Date
<b>Author</b>		Pharmacist / Lead Practitioner		
<b>Clinical checker</b>		Clinician with relevant expertise		
<b>Checked by</b>		Pharmacist		

### PGD approved by:

	Name	Job Title	Signature	Date
<b>Multidisciplinary Steering Group</b>		Lead Pharmacist Manager		
<b>Clinical Governance Leads</b>		Chair of the Professional Executive Committee (Needs to be a medical doctor)		
		Director of Nursing & Quality		

**Expiry Date:** (24 – 36 months the from end of the month when the Steering Group meeting was held ie 30 / 31st)

**The master copy for this PGD is held in the Office of Head of Medicines Management / Clinical Governance Office**

**The electronic copy for this PGD is held on the PCT Network and can be accessed through the Head of Medicines Management / Prescribing**

## Characteristics of staff.

<b>Qualification required.</b>	Registered healthcare professional eg.nurse or pharmacist
<b>Additional requirement.</b>	Will have undertaken training in the role, care and administration of the medicine specified in the PGD. There may be further competencies related to the use of the medicines. e.g. for vaccines 'Must be competent in the recognition and management of anaphylaxis.' Must have access to relevant sources of information e.g. for vaccines 'to a current copy of the BNF and 'Immunisation against Infectious Disease' ('green book') <sup>3</sup> and comply with its recommendations. Must have access to all relevant DoH advice, including the relevant CMO Letters.
<b>Continual training requirements.</b>	To reinforce and update knowledge and skills in this area of practice, with particular reference to changes and national directives.

## Documentation, records and audit.

<b>Documentation, records required.</b>	Record in patient's clinical records, using computer record system where appropriate and/or patient held records where used e.g. immunization of infants and young children.. All individuals should be provided with written information on the medicines administered or supplied. Additional information may also need to be recorded e.g. when more than one vaccine is given simultaneously, the relevant sites should be recorded to allow any reactions to specific vaccines to be noted.
<b>Audit arrangements.</b>	All staff using and overseeing the PGDs are to engage in the audit process, using audit tools developed locally.

**General Statement.** – (To be included in all PGDs)

**Individual practitioners have a responsibility to keep up-to-date with current practice and recommendations. The individual product information given in this Patient Group Direction is based on that available at the time of writing and in accordance with the Summaries of Product Characteristics (SPCs)<sup>1</sup> for brands currently available. At times there may be a change in the brand supplied, over which the healthcare professional has no control. In the event of a change of brand, it is especially important for the healthcare professional to refer to the specific product SPC. The healthcare professional must be constantly alert to all information issued by the Department of Health and the BNF concerning medicine/s covered by this PGD.**

## Management of consultation – general principles.

<p><b>Assessment guidance.</b></p>	<ul style="list-style-type: none"> <li>• Refer to: <ul style="list-style-type: none"> <li>○ Service specific guidelines and operational procedures</li> <li>○ Clinical knowledge summaries (PRODIGY)</li> <li>○ NICE recommendations &amp; guidelines</li> <li>○ National electronic library for medicines</li> </ul> </li> <li>• Inclusion and exclusion criteria.</li> <li>• Indications and Contraindications (References will be in the text as shown here e.g.<sup>3,chapter 7</sup>).</li> </ul>
<p><b>Management guidance.</b></p>	<p>Practitioners are expected to follow good practice guidance for: -</p> <ul style="list-style-type: none"> <li>• the care and storage of all products e.g. transport of vaccines within the cold chain,</li> <li>• obtaining consent prior to recording in clinical record according to local and national policy,</li> <li>• checking details of the medicine before use and noting the expiry date,</li> <li>• safe disposal of clinical waste,</li> <li>• recognition and management of an anaphylactic reaction</li> <li>• Checking for allergy to the medicines</li> <li>• clinical assessment process using pro forma / template as relevant (to be included as an appendix).</li> </ul>
<p><b>Patient advice (verbal and written).</b></p>	<ul style="list-style-type: none"> <li>• Ensure access to product information, e.g. Patient Information Leaflets (PILs), prior to administration or supply of the medicine, and discuss, especially side effects and how to report.</li> <li>• Give information on who to contact in the event of an adverse reaction or concerns.</li> <li>• Provide written details for parents / carers on the care of children and vulnerable adults following immunisation.</li> <li>• Provide the patient with written information on any specific instructions.</li> </ul>
<p><b>Follow-up.</b></p>	<p>Inform patient / parent / carer (as required):</p> <ul style="list-style-type: none"> <li>○ when next dose due, how long to take</li> <li>○ how to use/apply the medicines etc</li> <li>○ any specific follow-up care</li> </ul>
<p><b>Referral for medical advice.</b></p>	<ul style="list-style-type: none"> <li>• The healthcare professional must feel confident to refer at any time to a medical practitioner. In primary care and also for e.g. vaccines, this would usually be the general practitioner at the practice where the vaccines are purchased and stored or according to local policies. For specialist services such as minor injuries referral will depend on the presenting symptoms/assessment.</li> <li>• Patients should be given the option of seeing a</li> </ul>

	doctor, if they wish.
<b>Records.</b>	<p>The patient's clinical records to include:</p> <ul style="list-style-type: none"> <li>• the brand name, dose, batch number (BN) and expiry date of medicine supplied / administered . (for vaccines also record diluent and it's BN and expiry if appropriate)</li> <li>• quantity supplied</li> <li>• reason/s for exclusion, with follow-up action.</li> <li>• Any other advice and follow-up arrangements</li> </ul> <p>Also add to any relevant computer records</p>
<b>Management of adverse reactions.</b>	<p>For vaccines ensure access to adrenaline. Record in the patient's clinical notes (if not already clearly documented):</p> <ul style="list-style-type: none"> <li>• the nature of the reaction and site if appropriate,</li> <li>• the time of onset of the symptoms,</li> <li>• the name of the preparation or vaccine,</li> <li>• the dose and route of administration,</li> <li>• the batch number and expiry date, if available.</li> <li>• other medication currently being taken including OTC and herbal preparations.</li> </ul> <p>Advise on future management, e.g. which vaccine/s or medicines to avoid.</p> <p>For other medicines currently being taken by the patient read the SPC and consider the likelihood of one of these medicines causing the adverse reaction</p>
<b>Reporting procedure for serious adverse reactions for established medicines and for <u>all</u> adverse reactions for <u>black triangle</u> medicines.</b>	<p>All adverse reactions / incidents should be reported to the service lead. All significant incidents should be reported following Trust policy.</p> <p>Inform patient's GP and, if serious or involving children, ensure that a Suspected Adverse Drug Reaction form (yellow card) be completed and sent to MHRA. For vaccines a copy should also be sent to the immunisation coordinator.</p>
<b>Further advice and information</b>	<ul style="list-style-type: none"> <li>• Local Medicines Information Service</li> </ul>

## Clinical condition or situation to which this direction applies.

<b>Define situation or condition.</b>	<p>A clear description of the clinical circumstances and symptoms for which the medicine would be administered or supplied and criteria for confirming circumstances and symptoms</p> <p><i>For vaccines include – Practitioners should be constantly alert to any subsequent recommendations from the DH, JCVI and any product updates.</i></p>
<b>Criteria for inclusion.</b>	<ul style="list-style-type: none"> <li>• Who is eligible to receive the medicine e.g. age, sex</li> <li>• Clinical criteria</li> <li>• Any relevant evidence for inclusion e.g. CMO letters</li> </ul>
<b>Criteria for exclusion.</b>	<p>Who is not eligible to receive the medicine for all/any of the reasons below</p> <ul style="list-style-type: none"> <li>• On basis of age</li> <li>• Because of another concurrent condition</li> <li>• Because of other concurrent treatment</li> <li>• Severe local or general reaction to a previous dose of the medicine</li> <li>• Hypersensitivity to the medicine or any other constituents listed in the SPCs</li> <li>• Pregnancy may be an exclusion</li> <li>• Breast-feeding may be an exclusion</li> <li>• Anything else stated in the SPC</li> </ul>
<b>Cautions.</b>	<ul style="list-style-type: none"> <li>• As stated in the SPC</li> <li>• State what action to take e.g. seek advice</li> </ul>
<b>Action if excluded.</b>	<ul style="list-style-type: none"> <li>• For vaccines - advise as to when it may be given.</li> <li>• Non- vaccines – consider an alternative</li> <li>• Arrange for further appointment, if needed.</li> <li>• Consider referral to patient's GP if necessary or refer to local policy/ treatment guidelines.</li> <li>• Document in patient's clinical records</li> </ul>
<b>Action if patient declines treatment.</b>	<ul style="list-style-type: none"> <li>• Discuss potential consequences.</li> <li>• Provide written information on the risks / benefits.</li> <li>• Refer to alternative service e.g. A&amp;E</li> <li>• Inform GP or refer to local policy</li> <li>• Document in patient's clinical records.</li> </ul>

## Description of treatment.

<b>Name, strength and form of medicine.</b>	The generic name as stated in the SPC
<b>Legal category.</b>	e.g. POM, ▼ Black triangle medicine
<b>Quantity / Pack size.</b>	Only necessary in PGDs when supplying medicines to patients. (Remove for vaccine administration PGDs), to include the following statement: All medicines supplied should be labelled with <sup>2</sup> : <ul style="list-style-type: none"> <li>• Patient's name</li> <li>• Supplier's name and address</li> <li>• Date of issue</li> <li>• Dosage requirements</li> </ul> Whenever possible medicines should be supplied in pre-packs made up by a pharmacist
<b>Dose / Dose range</b>	In line with the SPC and the views of the lead practitioner and/or the clinical checker
<b>Frequency.</b>	This section can be split or written as one – dependent on what reads best for the specific medicine/vaccine
<b>Route / Method.</b>	This requires: <ul style="list-style-type: none"> <li>○ all the details of reconstitution</li> <li>○ exact route e.g. oral / intramuscular</li> </ul>
<b>Maximum total dose.</b>	In line with the SPC and the views of the lead practitioner and/or the clinical checker
<b>Additional patient advice.</b>	May be stated in the SPC and/or what is needed in the opinion of the lead practitioner and/or clinical checker
<b>Side effects and Adverse Drug reactions</b> (The type and frequency can vary with brands)	Often helpful to state as: <u>Very common</u> <u>Common</u> <u>Uncommon</u> <u>Rare and</u> <u>Very rare</u>
<b>Interacting medicines.</b>	For some medicines need to consider the important interactions and need to state 'See also the <u>current</u> BNF, Appendix 1: Interactions.'

### **SPC References**

- 1 Brand name, name of company, Date of approval/revision for each brand that may be used under the PGD

### **Additional References:**

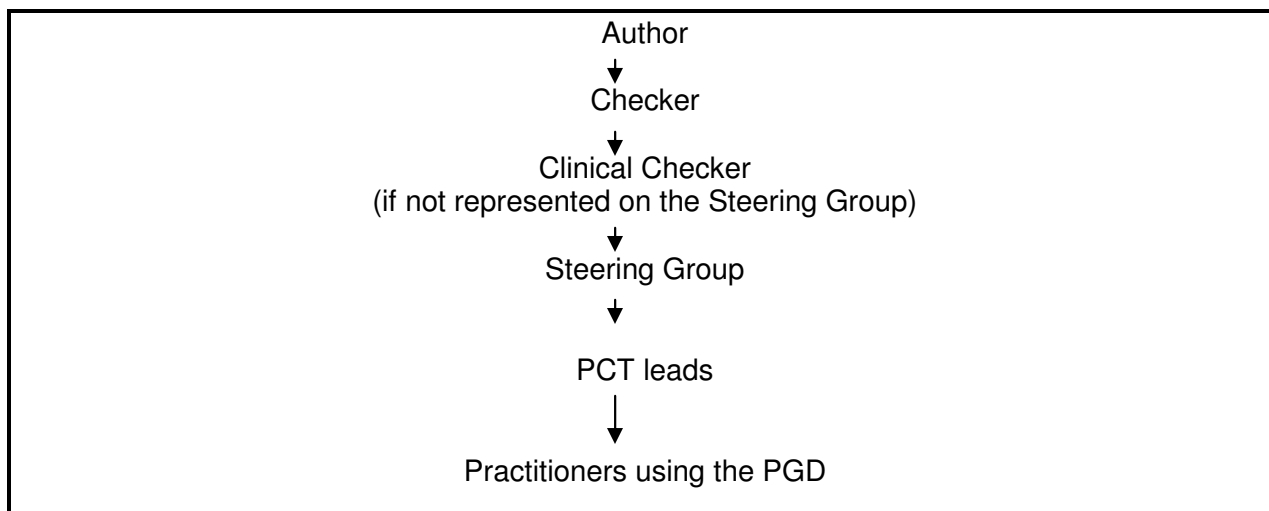
- 2 EC Labelling and Leaflet Directive 92/97

Other references e.g. CMO Letters and other relevant guidance, online reference sources, websites.

**NB :** References from Administration of Vaccines 001 to be listed again in all updated version of vaccine PGDs.

## Appendix 3

### Process of drafting & approving Patient Group Directions for Westminster PCT



Title	Qualification	Role	Task	Designated Person if identified
<b><u>Author</u></b>	Pharmacist and/or Lead Practitioner	Accountable for content of the PGD	To draft document from relevant references into the agreed format	Shared across 3 PCTs
<b>Checker</b>	Pharmacist	Responsibility for checking the pharmaceutical accuracy of the PGD document against relevant references	To check content of PGD with references.	This will be shared out between PCT pharmacists
<b>Clinical Checker and/or Specialist input where needed</b>	PGD dependent	Accountable for checking appropriateness of clinical application of the PGD	To check document for clinical application, in particular inclusion & exclusion criteria	PGD dependent May not be required if relevant clinician represented on the steering group.
<b>Steering Group</b>	Multidisciplinary Group	Accountable for the process of developing, approving, reviewing & cascading PGDs to PCTs	Signing the PGD on behalf of the steering group. Review & update for significant changes and action.	Head of Medicines Management
<b>PCT</b>	Clinical Governance	Accountable for approving the process	Approving the PGD	PCT specific to include: <ul style="list-style-type: none"> <li>• Director responsible for organisational clinical governance</li> </ul>

				• Chair of PEC
<b>PCT</b>	Lead for Implementation	Accountable for implementation of PGDs in practice	Cascading & auditing PGDs	PCT implementation Lead
<b>Practitioner</b>	Nurse or other Professional	Accountable for practice in the supply or administration of drugs under a PGD	To review competence for practising within the parameters of the PGD. Alert Steering Group of any significant changes to practice	Every practitioner in the PCT
<b>Employer Manager</b>	GP Employer Manager	Responsible for ensuring competence of the practitioner practising within a PGD	To assess competence for practising within the parameters of the PGD in discussion with Practitioner	GP lead for practice and/or Manager of Service

## Appendix 4

### Implementation Process

- 1) PGD developed / updated by PGD steering group & clinical specialists
- 2) Approved by PCT clinical governance leads
- 3) Steering group chair distributes to professional / service / team leads  
PGD steering group chair also updates:
  - list of PGDs in current use by teams / services e.g. HVs, DNs
  - practitioner agreement form
- 6) Team leaders, managers and / or CSMs disseminate PGD to practitioners  
System for local dissemination to be agreed by individual teams / services. For example each practitioner can have own copy or share. Systems need to be in place to ensure hard copies are replaced by new editions and information shared with all relevant practitioners.
- 7) Practitioner reads PGD and signs agreement form. Copy of agreement form retained by:
  - practitioner
  - managerThe practitioner must be competent in the area of practice covered by the PGD.
- 8) The service / team manager should maintain a record/ database of all staff who are working to & using PGDs in the course of their work  
PGDs should be included in the induction of all new staff who provide a service which requires the use of PGDs e.g. immunisation
- 9) Audit – is a legal requirement within the framework of PGD use. Practitioners and managers are required to retain records for audit purposes  
Areas for audit include:
  - audit of patient records for e.g. appropriateness of supply
  - staff training / competency

**Membership of PGD Steering Group and Local Contacts****Core Group**

<b>Role</b>	<b>Telephone Number</b>
Nursing Development and Leadership, WPCT	020 7150 8027
Medicines Management Team, WPCT	020 7150 8138
Practice Nursing representative, WPCT	020 7848 2613
Lead nurse occupational health, WPCT	020 7886 7564
Primary Care Pharmacist, KCPCT	020 8962 6565
Community Health Services Pharmacists, KCPCT	020 8962 4082
Head of prescribing, KCPCT	020 8962 6560
Associate Director of In-patients and Pharmacy, KCPT	020 8962 4827
Clinical nurse lead, KCPCT	020 8962 4659
Nurse Facilitator, Brent tPCT	020 8795 6097
Pharmaceutical Advisor, Brent tPCT	020 8795 6162

**Invited members**

Service Manager, Soho Walk-in-Centre	020 7534 6625
Lead nurse, Minor Treatment Centre	
Lead Nurse, Minor Injuries Unit	020 8962 4265
Immunisation Clinical lead	
Westside Contraceptive Services – clinical lead	