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| NHS Greater Glasgow & Clyde  Patient Group Direction (PGD) for  Health Care Professionals |  |
| **Live attenuated intranasal influenza vaccine (LAIV) 2023-24** | |

**Local Authorisation:**

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| **Service Area for which PGD is applicable:** | | | |
| I authorise the supply/administer medicines in accordance with this PGD to patients cared for in this service area. | | | |
| **Lead Clinician for the service area (Doctor)** | | | |
| **Name:** | **Signature:** | **Designation:** | **Date:** |
| **Dr Fiona Kinnon** | S:\North West Sector HQ\HQ Info\Complaints\Other\Signatures\Fiona Kinnon.png | **Clinical Director** | **23/08/2023** |
| **E-Mail contact address: fiona.kinnon@nhs.scot** | | | |

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| I agree that only fully competent, qualified and trained professionals are authorised to operate under the PGD. Records of nominated individuals will be kept for audit purposes. | | | |
| **Name** (Lead Professional)**:** | **Signature:** | **Designation:** | **Date:** |
| **Claire Ireland** |  | **Interim PNL OP Services-in C&F PNL absence** | **22.08.23** |
| **E-Mail contact address:Claire.ireland@ggc.scot.nhs.uk** | | | |

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| **Description of Audit arrangements:** | | | |
| **Frequency of checks:**  **(Generally annually)** | **Annually** | **Names of auditor(s):** | **Team Leaders** |

**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.

I have read and understood the Patient Group Direction. I acknowledge that it is a legal document and agree to supply/administer this medicine only in accordance with this PGD.

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| **Name of Professional** | **Signature** | **Date** |
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