

This Patient Group Direction (PGD) must only be used by registered health professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

Patient Group Direction

for the supply of

Moviprep®

by Registered Nurses for

Adults in the Sussex Bowel Cancer Screening Programme (BCSP)

In premises operated by University Hospitals Sussex NHS Foundation Trust or East Sussex
Healthcare NHS Trust

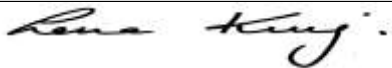
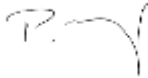
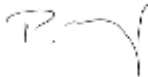

Version number: 4

Change history

Version number	Change details	Date
1	Original PGD document	January 2012
2	Transfer to new BSUH PGD format	June 2016
3	Transfer to new BSUH PGD format	November 2020
4	Transfer to UH Sussex format	June 2021

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PGD development

Name	Job title and organisation	Signature	Date
Lead author	Lena King – DM and DLN for BCSP		26.8.21
Lead Doctor	Mr. P Ridings – Consultant Surgeon and Lead Colonoscopist for BCSP		13/8/21
Lead pharmacist	Magda Markiewicz		
Lead Clinician for area	Mr. P Ridings – Lead Colonoscopist for BCSP		13/8/21
Representative of other professional group using PGD (User review)	N/A		26.8.21

Organisational authorisations

University Hospitals Sussex NHS Foundation Trust authorises this PGD for use by the services or providers listed below:
Sussex BCSP – Premises where the Bowel Cancer Screening Programme is delivered.
Limitations to authorisation
Only applies to RNs working for the BCSP (Specialist Screening Practitioner) <ul style="list-style-type: none"> Registered Nurse with current NMC registration

Name	Signature & Name	Date
Chair of PGD Group	Joanne Pendlebury	Sept 2021
Chief Pharmacist	Michael Cross	Oct 2021
Medicines Governance Group chair	Michael Okorie	Oct 2021

Local enquiries regarding the use of this PGD may be directed to uhsussex.pgdgroup@nhs.net or PGD group chair.

Appendix 1 provides a practitioner authorisation sheet. Individual practitioners must be authorised by name to work to this PGD.

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Training and competency of registered health professionals

	Requirements of registered health professionals working under the PGD
Qualifications and professional registration	<p>Registered Nurse on NMC register</p> <p>The practitioners must also fulfil the additional requirements detailed below.</p>
Additional requirements	<p>THE INDIVIDUAL PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.</p> <p>The individual practitioner is required to have a working knowledge of adverse reactions to the medication used with the PGD and how to identify drug interactions.</p>
Initial training	<p>Attended and completed the training for Specialist Screening Practitioner and / or is a Lead Nurse</p> <p>Lead SSP - Register and complete PGD training module (certificate can be printed out as evidence) https://portal.e-lfh.org.uk/ (3 yearly)</p> <p>Has undertaken training appropriate to recognise and manage allergic/anaphylactic reactions.</p> <p>Has undertaken appropriate Trust resuscitation training.</p> <p>Complete NICE Competency PGD Framework</p> <p>Direct Observation of Practice (DOPs) of SSP clinic and issuing of bowel preparation - achieve competency level 4</p>
Competency assessment	Annual assessment by Lead Nurse
Continued training requirements	<p>PGD e-learning 3 yearly</p> <p>Annual direct observation of practice (DOPs) – competence level 4 to be demonstrated.</p> <p>Up to date with mandatory training</p> <p>Maintain knowledge and skills within specialist area – evidence of CPD</p>

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Clinical condition

Clinical condition or situation to which this PGD applies	Bowel preparation for patients referred for an endoscopic diagnostic test (colonoscopy) as part of their suspected cancer pathway within the Sussex Bowel Cancer Screening Programme
Inclusion criteria	Patients referred for endoscopic investigation (colonoscopy, limited colonoscopy or flexible sigmoidoscopy) as part of their suspected cancer pathway
Exclusion criteria	<p>Hypersensitivity to any of the ingredients.</p> <p>Patients with known :- Intestinal obstruction, acute flare of inflammatory bowel disease, acute surgical abdominal conditions or severe dehydration.</p> <p>Or patients that have a tendency to regurgitate swallowed drink food or acid from the stomach.</p>
Cautions (including any relevant action to be taken)	<p>Patients who :</p> <p>Need to thicken fluids in order to swallow them safely seek advice from dietician and/ or Consultant.</p> <ul style="list-style-type: none"> • have kidney disease. Refer to Renal Consultant for advice. .Restricted sodium or potassium diets. Refer to Consultant for advice. • heart failure or heart disease including high blood pressure, irregular heartbeats or palpitations. Refer to Consultant for advice. • acute flare of inflammatory bowel disease (Crohn's disease or ulcerative colitis). Consider delaying colonoscopy until flare settles/ refer to Consultant for advice.
Arrangements for referral for medical advice	Follow Sussex BCSP protocol C16 – Clinical review
Action to be taken if patient excluded	Follow Sussex BCSP protocol C16 – Clinical review Refer to treating Clinician for advice
Action to be taken if patient declines treatment	Opt them out of episode and notify GP

Details of the medicine

Name, form and strength of medicine <i>Include ▼ for black triangle medicines</i>	Moviprep® PEG +ASC (PEG(3350) + Sodium ascorbate + Ascorbic acid + Sodium sulphate + Electrolytes
Legal category	P
Indicate any off-label use (if relevant)	N/A
Route/method of administration	Oral

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Dose and frequency	Each pair of sachets (A + B) to be reconstituted in 1 litre of water and taken orally over 1-2hrs. 2 litres of Moviprep® solution in total should be administered with an additional 1 litre of clear fluid taken.
Quantity to be administered and/or supplied	Four sachets in total- 2 of each pair sachets (A + B)
Maximum or minimum treatment period	6-8hrs. Not to exceed 24hrs
Adverse effects	<p>Diarrhoea is an expected outcome of bowel preparation. Due to the nature of the intervention, undesirable effects occur in the majority of patients during the process of bowel preparation. Whilst these vary between preparations, nausea, vomiting, bloating, abdominal pain, anal irritation and sleep disturbance commonly occur in patients undergoing bowel preparation. Dehydration may occur as a result of diarrhoea and/or vomiting.</p> <p>Not all adverse effect are listed refer to SPC & BNF https://www.medicines.org.uk/emc/product/289/smpc https://bnf.nice.org.uk/drug/macrogol-3350-with-anhydrous-sodium-sulfate-ascorbic-acid-potassium-chloride-sodium-ascorbate-and-sodium-chloride.html</p>
Drug interactions	<p>A detailed list of drug interactions is available in the SPC (summary of product characteristics, see link above), which are available from the electronic Medicines Compendium website: www.medicines.org.uk</p> <p>If you are taking other medicines take them at least one hour before taking Moviprep or at least one hour afterwards because they may be flushed through your digestive system and not work so well.</p>
Supplies	<p>Royal Sussex County Hospital. Brighton – supplied by endoscopy / OPD stored in locked medicines cupboard. Ordered by Sussex BCSP and stored in a locked cabinet in St Mary’s Hall office.</p> <p>Princess Royal Hospital, Haywards Heath, supplied by OPD - stored in locked medicines cupboard</p> <p>Spire Montefiore Hospital, Hove – supplied by Sussex BCSP posted direct to patient. St Marys office has small supply provided by endoscopy department RSCH- stored in locked cabinet in SMH</p> <p>Eastbourne DGH- supplied by endoscopy / OPD stored in locked medicines cupboard</p> <p>Conquest Hospital, Hastings- supplied by endoscopy / OPD stored in locked medicines cupboard</p> <p>Uckfield Community Hospital,- supplied by OPD, stored in locked</p>

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	<p>medicines cupboard</p> <p>Hove Polyclinic- supplied by OPD, stored in locked medicines cupboard</p>
Storage	<p>Shelf life of sachets: 3 years. Reconstituted solution: 24 hrs.</p> <p>Sachets should be stored below 25°C.</p> <p>Reconstituted Solution: Store below 25°C. The solution may be refrigerated. Keep the solution covered.</p>
Reporting procedure of adverse reactions	<p>Side effects should be reported to your doctor or nurse. This includes any side effects not listed in the product leaflet. Side effects can also be reported directly via the Yellow Card Scheme, website: www.mhra.gov.uk/yellowcard, or search for MHRA Yellow Card in the Google Play or Apple App Store.</p> <p>Reporting side effects can help provide more information on the safety of this medicine.</p>
Special considerations / additional information	<p>Low residue diet sheet to be provided (document D8)</p>
Records to be kept	<p>Record:</p> <ul style="list-style-type: none"> • that valid informed consent was given; • name of individual, address, date of birth and GP with whom the individual is registered • Drug history for patient including medical history • name of HCP • name of medication • date of administration • dose, form and route of administration • quantity administered • batch number and expiry date (if required) • advice given, • details of any adverse drug reactions and actions taken • supplied via PGD <p>The information above will be recorded in the patient care pathway (D1) and/or in the electronic Bowel Cancer Screening System (BCSS) dataset and episode notes. The patient care pathway will be filed in the individual patient medical records or scanned into eSearcher at East Sussex Healthcare Trust (ESHT) once the screening episode is complete.</p>

Patient information

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Written information to be given to patient or carer	Document D10 Moviprep® leaflet given in addition to patient information leaflet (PIL) Contact details for Screening Centre
Follow-up advice to be given to patient or carer	<p>Method of administration, dosage and effects discussed during assessment.</p> <p>Written instructions given/sent to patient with booking information, including contact telephone number and email address for queries.</p> <p>Undesirable effects may include nausea, abdominal fullness and bloating.</p> <p>Should distension or pain arise, the rate of administration should be slowed down or temporarily stopped until symptoms subside. Abdominal cramps, vomiting and anal irritation occur less frequently. These effects normally subside rapidly.</p>

Audit

Plan for audit , It is essential for PGD renewal that audits have occurred.	PGD Audit Tool to be completed 1 year prior to review of PGD- due 2023 Review of PGD compliance (annually) Efficacy of bowel preparation (annually)
Frequency	See above
Nominated lead to manage audit	Lead SSP or Deputy

Key references:

1. European Society for Gastrointestinal Endoscopy (ESGE) Guideline – Bowel Preparation for colonoscopy (updated 2019) Endorsed by the British society of Gastroenterologists
https://www.esge.com/assets/downloads/pdfs/guidelines/2019_a_0959_0505.pdf
2. Electronic medicines compendium (eMC) www.medicines.org.uk
3. British National Formulary (BNF) <https://bnf.nice.org.uk/drug/macrogol-3350-with-anhydrous-sodium-sulfate-ascorbic-acid-potassium-chloride-sodium-ascorbate-and-sodium-chloride.html>
4. Summary of Product Characteristics (SPC) <https://www.medicines.org.uk/emc/product/289/smpc>
5. Manufacturers Patient information leaflets (PILs) updated Dec 2020
6. Sussex BCSP protocol for Clinical Review C16 <T:\Bowel Cancer Screening Programme\QMS - Audit, pathways, programme docs, protocols and policies\Programme Documents\Protocols and policies\Clinical protocols>
7. NHS Bowel Cancer Screening Programme. Having a CT Colonography (CTC) scan <T:\Bowel Cancer Screening Programme\QMS - Audit, pathways, programme docs, protocols and policies\Programme Documents\Information leaflets>

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Appendix 1 Health professionals’ agreement to practise

PGD Title.....Moviprep®.....

Practitioner, by signing this patient group direction you are indicating that you agree to its contents and that you will work within it.

Patient group directions 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 professional code of conduct.

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct

Name of health professional	Role	Signature	Date

Authorising manager

I confirm that the practitioners named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of Brighton & Sussex University Hospitals NHS Trust for the above named health care professionals who have signed the PGD to work under it.

Name	Role	Signature	Date

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