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**National reference:**  
CYM-25026

**Local reference:**  
PGD 0229A

# Community Pharmacy Common Ailments Service Patient Group Direction

for the supply of

naproxen 250 mg tablets

in [Powys Teaching Health Board]

Operational from: 01 November 2025

Review Date: 31 March 2028

Expiry Date: 31 October 2028

Version number: 2.0

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## PGD for the supply of naproxen 250 mg tablets for the treatment of back pain by pharmacists delivering the Common Ailments Service component of the Clinical Community Pharmacy Service

Reference: Naproxen 250 mg tablets PGD  
Version no: 2.0  
Valid from: 01 November 2025  
Review date: 31 March 2028  
Expiry date: 31 October 2028

### Welsh Medicines Advice Service has developed this PGD for local authorisation.

Those using this PGD must ensure that it is authorised by the Local Health Board in which they are operating and signed in section 2 by an appropriate authorising person, relating to the class of person by whom the product is to be supplied, in accordance with the Human Medicines Regulations 2012 (HMR2012)<sup>1</sup>. **THE PGD IS NOT LEGAL OR VALID WITHOUT SIGNED AUTHORISATION IN ACCORDANCE WITH HMR2012 SCHEDULE 16 Part 2.**

Authorising organisations must not *alter*, *amend* or *add* to the *clinical* content of this document. Such action will invalidate the *clinical sign-off* with which it is provided.

As operation of this PGD is the responsibility of service providers, the authorising organisation can decide which staff groups, in keeping with relevant legislation, can work to the PGD.

### INDIVIDUAL PRACTITIONERS MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.

Practitioners and organisations must check that they are using the current version of the PGD. Amendments may become necessary prior to the published expiry date.

Any queries regarding the clinical content of this PGD should be addressed to: [welshmedicines.information@wales.nhs.uk](mailto:welshmedicines.information@wales.nhs.uk).

### Change history:

Version number	Change details	Date
1.0	Original PGD template developed	24 February 2023
2.0	PGD reviewed and updated to align with other national PGD templates. PGD exclusion criteria aligned to updated back pain CAS formulary monograph. Acknowledgement of contribution by clinician reference group and community pharmacy user group added.	22 August 2025

<sup>1</sup> this includes any relevant amendments to legislation (e.g. [2013 No.235](#), [2015 No.178](#) and [2015 No.323](#)).



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## 1. PGD development

This PGD has been developed by the following health care professionals on behalf of NHS Wales.

**This section MUST REMAIN when a PGD is adopted by an organisation.**

### PGD Development

Name	Designation	Signature
Main author – Dianne Burnett	Director, Welsh Medicines Advice Service, Cardiff and Vale UHB.	
Expert reviewer – Jason Carroll	Pharmacy Team Leader, Community Services, Cwm Taf Morgannwg UHB.	
Expert reviewer - James Coulson	Clinical Director All Wales Therapeutics and Toxicology Centre (AWTTC).	J. Coulson

This PGD has been peer reviewed by the Community Pharmacy Clinical Advisory Group (CPCAG) in accordance with the WMAS PGD Policy and ratified by the All-Wales PGD Advisory Board.

### Expert Panel – Community Pharmacy Clinical Advisory Group

Name	Designation
Adam Mackridge	Strategic Lead Pharmacist for Community Pharmacy, Betsi Cadwaladr UHB and Chair of Community Pharmacy Clinical Advisory Group (CPCAG).
Louise Allen	Head of Community Pharmacy, Primary, Community and Intermediate Care (PCIC), Cardiff and Vale UHB.
Amy David	Primary Care Pharmacist, Swansea Bay UHB.
Meryl Davies	Lead Antimicrobial Pharmacist Primary and Community Care, Health Protection Team, Public Health Wales.
Emlyn Pritchard	Head of Primary Care Medicines Management, Powys THB.
Rachel James	Advanced Pharmacist Medicines Management, Hywel Dda UHB.
Richard Evans	Community Pharmacy Lead, Aneurin Bevan UHB.
Jason Carroll	Principal Pharmacist, Community Services, Cwm Taf Morgannwg UHB.
Carys James	Community Pharmacy Facilitator, Cwm Taf Morgannwg UHB.
Emma Hinks	Deputy Chief Pharmaceutical Officer, Welsh Government.
Debra Roberts	Head of Programme Development, Associate Dean, HEIW.
Dianne Burnett	Director, Welsh Medicines Advice Service (WMAS), Cardiff and Vale UHB.
Anna Burgess	Digital Lead Pharmacist, WMAS, Cardiff and Vale UHB.
Alya Al Afan	Resource Development Lead for CAS, WMAS, Cardiff and Vale UHB.
Nia Sainsbury	Publications Lead, WMAS, Cardiff and Vale UHB.

**Date CPCAG approval of PGDs:** 29 August 2025

**Date All Wales PGD Advisory Board ratification:** 10 September 2025



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## Acknowledgements:

This PGD has been developed in line with the Common Ailments Service (CAS) formulary monograph. We gratefully acknowledge members of the [Clinician Reference Group](#) and the [Community Pharmacy User Group](#) for their contribution to the clinical content of the CAS monograph and the associated PGDs.



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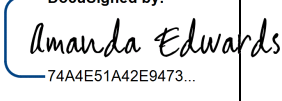

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## 2. Organisational authorisations

The PGD is not legally valid until it has had the authorisation of the Local Health Board in which the community pharmacy using it operates.

It is the responsibility of the Local Health Board, to ensure that all legal and governance requirements are met. The Local Health Board accepts governance responsibility for the appropriate use of the PGD.

**Powys Teaching Health Board** authorises this PGD for use by community pharmacies within its area that have been commissioned to provide the Common Ailments Service component of the Clinical Community Pharmacy Service. This authorisation is limited to those pharmacists that meet the requirements set out within the PGD.

Local Health Board approval (legal requirement) as per health board policy			
Role	Name	Sign	Date
Lead Doctor for PTHB	Dr Kate Wright	 DocuSigned by: Kate Wright 1F267952823F473...	9/30/2025
Chief Pharmacist for PTHB	Jonathan Boyd	 Signed by: Jon Boyd 6D8ECFE8C9EB423...	9/29/2025
Clinical Governance Lead for PTHB	Amanda Edwards	 DocuSigned by: Amanda Edwards 74A4E51A42E9473...	10/7/2025
Senior Pharmacist Lead for Community Pharmacies, PTHB	Emlyn Pritchard	 DocuSigned by: Emlyn Pritchard EB776BA7283F49B...	10/1/2025

Local enquiries regarding the use of this PGD may be directed to

[welshmedicines.information@wales.nhs.uk](mailto:welshmedicines.information@wales.nhs.uk)

[Appendix B](#) provides a practitioner listing sheet. Individual practitioners must be listed by name to work to this PGD. Alternative practitioner listing sheets may be used where appropriate in accordance with local policy, but this should be an individual agreement or a multiple practitioner listing sheet as included at the end of this PGD.

### Retention Statement

The final authorised copy of this PGD should be kept by the authorising organisation completing section 3 for 8 years after the PGD expires if the PGD relates to adults only, and for 25 years after the PGD expires if the PGD relates to children only or adults and children.

Provider organisations adopting authorised versions of this PGD should also retain copies for the periods specified above.



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### 3. Characteristics of Staff

<p><b>Qualifications and professional registration</b></p>	<p>This PGD is for use by pharmacists currently registered with the General Pharmaceutical Council (GPhC).</p>
<p><b>Additional requirements</b></p>	<p>Pharmacists must:</p> <ul style="list-style-type: none"> <li>➤ be employed by or providing services on behalf of a pharmacy listed in the All-Wales Pharmacy Database (AWPD) for the Clinical Community Pharmacy Service.</li> <li>➤ be authorised by name as an approved practitioner under the current terms of this Patient Group Direction before working to it by completing <a href="#">Appendix B</a>.</li> <li>➤ be familiar with the medicine and alert to changes in the <a href="#">Summary of Product Characteristics (SmPC)</a>.</li> <li>➤ have access to the Patient Group Direction and associated resources (including the service specification and the clinical guidance document supporting the PGD) and must be competent in the use of PGDs (see <a href="#">NICE Competency framework</a> for health professionals using PGDs).</li> <li>➤ be named in the All-Wales Pharmacy Database for the Common Ailment component of the Clinical Community Pharmacy Service.</li> <li>➤ have met the training requirements for the service as published by HEIW (Health Education and Improvement Wales).</li> <li>➤ be familiar with the <a href="#">British National Formulary (BNF)</a> and <a href="#">SmPC</a> entries for naproxen 250 mg tablets.</li> <li>➤ have awareness of the adverse drug reactions associated with naproxen 250 mg tablets.</li> </ul> <p><b>The pharmacist must be listed by name, under the current version of this PGD that has been issued by the local health board in which area they are operating before working under its authority.</b></p>
<p><b>Ongoing training and competency</b></p>	<p>Pharmacists must:</p> <ul style="list-style-type: none"> <li>➤ undertake regular CPD and maintain own level of competence and knowledge in this clinical area to provide the service.</li> <li>➤ be aware of any updates made to the products in the <a href="#">SmPC</a> and <a href="#">BNF</a>.</li> <li>➤ be aware of any updates to relevant national and local guidelines.</li> <li>➤ as registered professionals, be professionally accountable and must work within their competence.</li> </ul> <p>A record of any training and competency assessments undertaken must be maintained.</p>



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#### 4. Clinical condition

<p><b>Clinical condition or situation to which this PGD applies</b></p>	<p>For the treatment of acute, self-limiting, simple lower back pain with an identifiable cause e.g. muscle strain or minor injury in accordance with the community pharmacy Common Ailments Service (CAS) component of the Clinical Community Pharmacy Service (CCPS).</p>
<p><b>Inclusion criteria</b></p>	<p>Naproxen 250 mg tablets can be given to individuals aged 16 to less than 50 years, presenting with symptoms of acute lower back pain (less than 6 weeks since the start of onset of pain) and:</p> <ul style="list-style-type: none"> <li>➤ non-pharmacological approaches to control pain have not succeeded and / or symptom relief is needed to return to normal activity.</li> <li>➤ informed consent has been given (individual or carer).</li> </ul>
<p><b>Exclusion criteria<sup>2</sup></b></p> <p>(continued over page)</p>	<p>Naproxen 250 mg tablets should not be supplied to individuals with back pain, who have the following signs or symptoms, and a more serious underlying cause needs to be excluded:</p> <ul style="list-style-type: none"> <li>➤ sudden onset of lower back pain with tingling, weakness or numbness in the arms or legs.</li> <li>➤ severe or sudden or progressive neurological deficit such as major motor weakness of knee extension, ankle eversion or foot dorsiflexion.</li> <li>➤ new onset saddle anaesthesia or paraesthesia (tingling or numbness of the genitals or buttocks).</li> <li>➤ sudden, severe or progressive difficulty with walking or change in gait.</li> <li>➤ recent onset of bladder dysfunction, e.g. difficulty with urination, impaired sensation of flow, urine retention or incontinence (late sign of metastatic cord compression).</li> <li>➤ recent onset of bowel dysfunction, e.g. loss of sensation of rectal fullness, faecal incontinence (late sign of metastatic cord compression).</li> <li>➤ sudden onset of severe central spinal pain, relieved by lying down.</li> <li>➤ sudden onset of visible deformity of the spine.</li> <li>➤ history of trauma such as a road traffic collision or fall from a height. Strenuous lifting in people with osteoporosis also needs to be considered.</li> <li>➤ localised spinal tenderness AND systemic symptoms.</li> <li>➤ fever, is systemically unwell, or has had a recent infection, e.g. urinary tract infection.</li> <li>➤ pain that is progressive or gradual in onset.</li> <li>➤ sudden onset of severe or rapidly worsening radiating pain in one or both legs.</li> <li>➤ sudden or new-onset erectile or sexual dysfunction.</li> </ul>

<sup>2</sup> Exclusion under this PGD does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation for supply will be required.



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**Exclusion criteria**

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- severe, unremitting back pain including if it prevents sleep.
- spinal pain aggravated by straining e.g. when coughing, sneezing or defaecating.
- no symptomatic improvement after 4-6 weeks of conservative back pain home treatment / therapy.
- unexplained weight loss.
- history of a past or current diagnosis of cancer (breast, lung, prostate, renal and gastric cancer are more likely to metastasise to the spine).
- concern the pain is caused by other conditions e.g. sciatica, neuropathies, shingles, intra-abdominal pathology (gall stones, kidney stones, etc).
- claudication (muscle pain or cramping in legs when walking or exercising).
- history of intravenous drug use.
- risk of immunosuppression (e.g. due to cancer treatment / high doses of oral steroids / other immunosuppressants, or conditions that lower the immune system, like HIV infection).
- pregnancy or less than 6 weeks post-partum (refer to midwife or GP).
- pain that is preventing day-to-day activities (basic activities of daily life, e.g. bathing, dressing, toileting and eating etc).
- psychosocial indicators suggesting an increased risk of progression to long term distress, disability and pain. Examples include low mood, if the individual is worried about pain or struggling to cope, social withdrawal, avoiding activities due to fear of pain and pain impacting other areas of life.
- osteoporosis or osteoarthritis (may need a more urgent assessment depending on symptoms).
- diagnostic uncertainty or where the cause of the back pain is unclear or unknown.

**Naproxen should not be supplied to individuals:**

- with known hypersensitivity to naproxen or any of the excipients – see [SmPC](#).
- with known hypersensitivity to aspirin or other non-steroidal anti-inflammatory drugs.
- with any risk factors for an NSAID induced GI adverse event as follows:
  - active or history of gastroduodenal ulcer, GI bleeding, or gastroduodenal perforation.
  - concomitant use of medications that are known to increase the likelihood of upper GI adverse events (e.g. antiplatelets, anticoagulants, corticosteroids and selective serotonin reuptake inhibitors [SSRIs]). See [drug interaction](#) section.

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<p><b>Exclusion criteria</b> (continued)</p>	<ul style="list-style-type: none"> <li>○ serious comorbidity, such as cardiovascular disease (including but not limited to heart failure and hypertension), hepatic or renal impairment (including dehydration), diabetes.</li> <li>○ heavy smoking.</li> <li>○ excessive alcohol consumption greater than 14 units a week.</li> <li>○ previous adverse reaction to NSAIDs including dyspepsia.</li> <li>➤ with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption.</li> <li>➤ trying to conceive – NSAIDs may impair female fertility, women experiencing difficulties conceiving or who are under investigation for infertility may benefit from avoiding NSAIDs.</li> <li>➤ who are breastfeeding.</li> <li>➤ with asthma symptoms, angioedema, rhinitis, nasal polyps or urticaria from taking aspirin, naproxen or other NSAIDs.</li> <li>➤ who are taking an NSAID for the first time and have asthma.</li> <li>➤ already taking an NSAID including cyclooxygenase 2 selective inhibitors.</li> <li>➤ with known peripheral arterial disease.</li> <li>➤ with known systemic lupus erythematosus (SLE) or a mixed connective tissue disorder (increased risk of aseptic meningitis).</li> <li>➤ with a known history of gastrointestinal disease e.g. ulcerative colitis, Crohn’s disease.</li> <li>➤ with a known history of Stevens-Johnson syndrome (SJS), Lyell syndrome / toxic epidermal necrolysis (TEN) and drug reaction with eosinophilia and systemic symptoms (DRESS) after the use of naproxen or other NSAIDs.</li> <li>➤ with a coagulation disorder.</li> <li>➤ with a known history of cerebrovascular disease.</li> <li>➤ if the pharmacist is unable to undertake an appropriate assessment, to determine the need for the medicine and that it would be appropriate for the individual to use it.</li> <li>➤ to individuals who are unable to administer or use the product effectively themselves or who do not have a carer to administer the medication for them.</li> <li>➤ if individual does not agree to share necessary clinical information.</li> </ul>
<p><b>Cautions (including relevant actions to be taken)</b></p>	<p>Please refer to the <a href="#">SmPC</a> for naproxen 250 mg tablets for full details of special warnings and precautions for use.</p> <p>See also <a href="#">drug interactions</a> section below for additional cautions.</p> <ul style="list-style-type: none"> <li>➤ The antipyretic and anti-inflammatory activities of naproxen may reduce fever and inflammation, thereby diminishing their utility as diagnostic signs.</li> </ul>



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<p><b>Action to be taken if the individual is excluded or declines treatment</b></p>	<ul style="list-style-type: none"> <li>➤ If the individual meets the exclusion criteria, refer to the most appropriate clinician. The urgency with which a referral needs to be made is based on the presenting symptoms.</li> <li>➤ Explain the reasons for exclusion to the individual and document in the consultation record.</li> <li>➤ If the individual declines, record the reason and advise of the consequences of not receiving treatment. Document the advice given alongside details of any referral made and their (individual or carer) intended actions.</li> <li>➤ If appropriate, individuals may be offered a suitable alternative to naproxen 250 mg tablets from the All-Wales Common Ailments Service Formulary. Alternatively, refer the individual to their GP or Community Pharmacist Independent Prescriber (PIP) if appropriate and/or provide them with information about further options.</li> </ul>
<p><b>Further advice</b></p>	<p>If there is any doubt about the supply of medication or the individual's fitness or suitability to receive the medication, a doctor or appropriate Community Pharmacist Independent Prescriber (PIP) should be consulted.</p> <ul style="list-style-type: none"> <li>➤ Further information can be found in the <a href="#">SmPC</a>, <a href="#">BNF</a> and the <a href="#">All Wales Common Ailments Service Formulary</a>.</li> </ul>



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## 5. Description of treatment

<b>Name, strength &amp; formulation of drug</b>	Naproxen 250 mg tablets.
<b>Legal category</b>	Prescription Only Medicine (POM)
<b>Black triangle▼</b>	No
<b>Off-label use</b>	No
<b>Route / method of administration</b>	Oral.
<b>Dose and frequency of administration</b>	<p><b>Individuals aged 16 to less than 50 years:</b></p> <p>The lowest effective dose should be used for the shortest duration necessary.</p> <p>Take ONE or TWO tablets TWICE a day with or after food.</p> <p>Start with ONE tablet TWICE a day and increase if necessary to TWO tablets TWICE a day for FOURTEEN days.</p>
<b>Duration of treatment</b>	This PGD only allows for the duration stated in the <a href="#">dosage schedule</a> above.
<b>Quantity to be supplied</b>	<p>The best value product available at the time to meet clinical need should be appropriately labelled and supplied to provide treatment for FOURTEEN days.</p> <p>56 x 250 mg tablets at a dose of ONE or TWO tablets (250-500 mg) TWICE a day (as per <a href="#">dosing instruction</a> above).</p>
<b>Drug interactions</b>	<p>The following list is not exhaustive. A detailed list of drug interactions can be found in the <a href="#">SmPC</a> and the <a href="#">BNF</a>.</p> <p><b>Contraindicated</b></p> <ul style="list-style-type: none"> <li>➤ Any medication which increases the risk of NSAID-induced gastrointestinal adverse events, including: <ul style="list-style-type: none"> <li>○ anticoagulants (warfarin, heparin).</li> <li>○ direct oral anticoagulants such as dabigatran, edoxaban, apixaban, rivaroxaban.</li> <li>○ other NSAIDs / aspirin / platelet inhibitors e.g. clopidogrel.</li> <li>○ antidepressants e.g. citalopram, fluoxetine, sertraline, duloxetine, venlafaxine.</li> <li>○ corticosteroids.</li> </ul> </li> <li>➤ Sulfonylureas (gliclazide, glimepiride) – doses may need adjustment.</li> <li>➤ Cardiac glycosides e.g. digoxin – naproxen may increase levels.</li> </ul>
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**Identification & management of adverse reactions**

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- more serious reactions which may occur are gastro-intestinal bleeding, which is sometimes fatal, particularly in older people. Inflammation, ulceration, perforation, and obstruction of the upper and lower gastrointestinal tract, melaena, haematemesis, stomatitis, exacerbation of ulcerative colitis and Crohn's disease, oesophagitis, gastritis and pancreatitis.

**Blood and lymphatic system disorders**

- Neutropenia, thrombocytopenia, granulocytopenia including agranulocytosis, eosinophilia, leucopenia, aplastic anaemia and haemolytic anaemia.

**Immune system disorders**

Hypersensitivity reactions have been reported following treatment with NSAIDs in patients with, or without, a history of previous hypersensitivity reactions to NSAIDs. These may consist of:

- non-specific allergic reactions and anaphylaxis.
- respiratory tract reactivity comprising asthma, aggravated asthma, bronchospasm or dyspnoea.
- assorted skin disorders, including rashes of various types, pruritus, urticaria, purpura, angio-oedema and more rarely exfoliative and bullous dermatoses (including epidermal necrolysis and erythema multiforme).

**Metabolic and nutrition disorders**

- Hyperkalaemia.

**Psychiatric disorders**

- Insomnia, dream abnormalities, depression, confusion and hallucinations.

**Nervous system disorders**

- Convulsions, dizziness, headache, light-headedness, drowsiness, paraesthesia, retrobulbar optic neuritis, inability to concentrate and cognitive dysfunction.
- Aseptic meningitis (especially in patients with existing auto-immune disorders, such as systemic lupus erythematosus, mixed connective tissue disease), with symptoms such as stiff neck, headache, nausea, vomiting, fever or disorientation.

**Eye Disorders**

- Visual disturbances, corneal opacity, papillitis and papilloedema.

**Ear and Labyrinth disorders**

- Tinnitus, hearing disturbances including impairment and vertigo.

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## Identification & management of adverse reactions

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### Cardiac disorders

- Oedema, palpitations, cardiac failure and congestive heart failure.
- Clinical trial and epidemiological data suggest that use of coxibs and some NSAIDs (particularly at high doses and in long term treatment) may be associated with a small increased risk of arterial thrombotic events (for example myocardial infarction or stroke).

### Vascular disorders

- Hypertension, vasculitis.

### Respiratory, thoracic and mediastinal disorders

- Dyspnoea, asthma, eosinophilic pneumonitis and pulmonary oedema.

### Hepatobiliary disorder

- Jaundice, fatal hepatitis and abnormal liver function tests.

### Skin and subcutaneous tissue disorders

- Skin rashes including fixed drug eruption, itching (pruritus), urticaria, ecchymoses, purpura, sweating.
- Alopecia, erythema multiforme, Stevens-Johnson syndrome, erythema nodosum, lichen planus, pustular reaction, SLE, epidermal necrolysis, very rarely toxic epidermal necrolysis, photosensitivity reactions (including cases in which skin resembles porphyria cutanea tarda "pseudoporphyria") or epidermolysis bullosa-like reactions which may occur rarely.

### Musculoskeletal and connective tissue disorders

- Myalgia and muscle weakness.

### Renal and urinary disorders

- Glomerular nephritis, interstitial nephritis, nephrotic syndrome, haematuria, raised serum creatinine, renal papillary necrosis and renal failure.

### Reproductive system and breast disorders

- Female infertility.

### General disorders and administration site conditions

- Thirst, pyrexia, fatigue and malaise.

N.B. detailed lists of adverse reactions are available in the [SmPC](#), and the [BNF](#). Prior to issuing medication, please refer to these resources to check that there has been no change to the potential adverse reactions listed above.



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<p><b>Individual or carer, advice / follow up</b></p>	<p>Supply the marketing authorisation holder's patient information leaflet (<a href="#">PIL</a>).</p> <p>Advise the individual or their carer:</p> <ul style="list-style-type: none"> <li>➤ to seek medical advice from a GP if symptoms worsen or do not improve after 2 weeks or they become systemically unwell.</li> <li>➤ naproxen tablets should be swallowed with a glass of water, preferably with / just after food.</li> <li>➤ to use the lowest effective dose for the shortest period of time to keep side effects to a minimum.</li> <li>➤ if they experience drowsiness, dizziness, vertigo, insomnia, fatigue, visual disturbances or depression while taking naproxen they should not drive or operate machinery.</li> <li>➤ if they have a history of asthma or allergic disease that naproxen may make their condition worse. Individuals should be advised to stop taking naproxen and seek medical attention.</li> <li>➤ if they get any side effects, to talk to their doctor, pharmacist or nurse and report any suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) by using the <a href="#">Yellow Card</a> reporting scheme. This includes any possible side effects not listed in the <a href="#">PIL</a>.</li> <li>➤ in the event of a severe adverse reaction discontinue treatment immediately and seek medical attention, for example:             <ul style="list-style-type: none"> <li>○ signs of liver problems e.g. yellowing of the skin, dark urine, itchiness, stomach pain.</li> <li>○ visual disturbances.</li> <li>○ serious skin reactions e.g. rash, blistering, skin fragility, mucosal lesions or other signs of hypersensitivity.</li> </ul> </li> <li>➤ to read the <a href="#">PIL</a> before taking the medication.</li> <li>➤ to visit the <a href="#">NHS website</a> on back pain for more information. It includes self-management advice and useful exercises.</li> <li>➤ to return to day-to-day activities / work as soon as possible. Normal back movements may produce some pain, but this should not be harmful if activities are resumed gradually.</li> <li>➤ to seek help for depression / other psychological conditions that may worsen symptoms.</li> </ul>
<p><b>Records</b></p>	<p>The consultation details including any medication supplied under this PGD must be recorded in Choose Pharmacy at the time of the consultation. Where the Choose Pharmacy platform is not available, temporary records must be made using the paper-based consultation record. Paper based records must be transferred into Choose Pharmacy as soon as practically possible following the consultation.</p> <p>If the individual is excluded, a record of the reason for exclusion and any specific advice that has been given must be documented within the consultation notes.</p>



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## Appendices

### Appendix A: Key references

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**Appendix B: Healthcare Professionals Agreement to Practice**

**Authorisation for the use of the Patient Group Direction for the supply of:  
naproxen 250 mg tablets by community pharmacists under the Clinical Community  
Pharmacy Service, Common Ailments Service for back pain commissioned by  
[Powys Teaching Health Board]**

**Patient Group Directions do not remove inherent professional obligations or accountability.**

Once completed and approved, health professionals wishing to use the PGD must sign up to the PGD for the local health board in which they will be providing services. Only pharmacists who are accredited in line with the National Service Specification can operate under the PGD.

This Patient Group Direction is to be read, agreed and signed by all registered healthcare professionals authorised to operate the PGD. By signing this document, the professional operating the PGD **confirms that they have read and understood the content of this PGD and are willing and competent to work under it within their professional code of conduct.** One copy should be given to each named pharmacist and a signed copy must be kept within the pharmacy by the nominated member of staff with responsibility for PGDs. This will usually be the Superintendent Pharmacist or Responsible Pharmacist.

**Name and address of pharmacy:**

**For registered professional**

*I confirm that I have read and understood the content of this PGD and that I am willing and competent to work under it within my professional code of conduct.*

Name of registered pharmacist	Signature	GPhC number	Date

This authorisation sheet should be kept to serve as a record of those practitioners authorised to work under this PGD in accordance with the retention statement in the [organisational authorisation section](#).