This Patient Group Direction (PGD) must only be used by registered healthcare 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 (PGD)

Supply and/or administration of levonorgestrel 1500micrograms tablet(s) for emergency contraception

This PGD is for Registered Pharmacists in accredited community pharmacies, commissioned by Lincolnshire County Council to provide Emergency Contraception

Version Number 2.0

Change History	
Version and Date	**Change details**
Version 1 March 2020	New template
Version 1.1 November 2020	Addition of acute porphyria to exclusion criteria
Version 2.0 March 2023	Updated template (no clinical changes to expired V1)

PGD DEVELOPMENT GROUP

Date PGD template comes into effect:	1st March 2023
Review date	September 2025
Expiry date:	28th February 2026

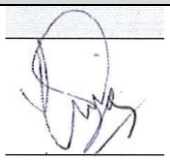
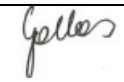
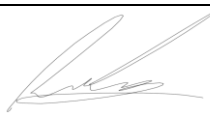
This PGD template has been peer reviewed by the Reproductive Health PGDs Short Life Working Group in accordance with their Terms of Reference. It has been approved by the Faculty for Sexual and Reproductive Health (FSRH) in October 2022.

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

Name	Designation
Dr Cindy Farmer	Chair General Training Committee Faculty of Sexual and Reproductive Healthcare (FSRH)
Michelle Jenkins	Advanced Nurse Practitioner, Clinical Standards Committee Faculty of Sexual and Reproductive Healthcare (FSRH)
Vicky Garner	Deputy Chief Midwife British Pregnancy Advisory Service (BPAS)
Gail Rowley	Quality Matron British Pregnancy Advisory Service (BPAS)
Julia Hogan	CASH Nurse Consultant MSI Reproductive Choices
Kate Devonport	National Unplanned Pregnancy Association (NUPAS)
Chetna Parmar	Pharmacist adviser Umbrella
Helen Donovan	Royal College of Nursing (RCN)
Carmel Lloyd	Royal College of Midwives (RCM)
Clare Livingstone	Royal College of Midwives (RCM)
Kirsty Armstrong	National Pharmacy Integration Lead, NHS England
Dipti Patel	Local authority pharmacist
Emma Anderson	Centre for Postgraduate Pharmacy Education (CPPE)
Dr Kathy French	Specialist Nurse
Dr Sarah Pillai	Associate Specialist
Alison Crompton	Community pharmacist
Andrea Smith	Community pharmacist
Lisa Knight	Community Health Services pharmacist
Bola Sotubo	NHS North East London ICB pharmacist
Tracy Rogers	Director, Medicines Use and Safety, Specialist Pharmacy Service
Sandra Wolper	Associate Director Specialist Pharmacy Service
Jo Jenkins (Woking Group Co-ordinator)	Lead Pharmacist PGDs and Medicine Mechanisms Specialist Pharmacy Service

ORGANISATIONAL AUTHORISATIONS AND OTHER LEGAL REQUIREMENTS

The PGD is not legally valid until it has had the relevant organisational authorisations. To ensure compliance with the law, organisations must add local authorisation details i.e. clinical authorisations and the person signing on behalf of the authorising organisation. You may either complete details below or delete and use a format agreed according to local PGD policy which complies with PGD legislation and NICE MPG2 PGD 2017.

Name	Job title and organisation	Signature	Date
Senior doctor **Dr Chit Saing**	GUM Consultant Lincolnshire Community Health Service		02/05/2023
Senior pharmacist **Dr Andrzej Gallas**	Senior Pharmacist, Lincolnshire County Council		08/05/2023
Senior representative of professional group using the PGD **Paul Jenks**	Chair, Community Pharmacy Lincolnshire		01/05/2023
Person signing on behalf of Lincolnshire County Council **Derek Ward**	Director of Public Health, Lincolnshire County Council		24/5/2023

It is the responsibility of the provider organisation to ensure that all legal and governance requirements for using the PGD are met.

To meet legal requirements, authorising organisations must add an Individual Practitioner Authorisation sheet or List of Authorised Practitioners. This varies according to local policy and how the service is managed but this should be a signature list or an individual agreement.

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. Individual practitioners must declare that they have read and understood the Patient Group Direction and agree to supply/administer medications(s) listed only in accordance with the PGD.

ORGANISATIONS MAY ALSO ADD:

- Local training and competency assessment documentation
- Other supporting local guidance or information
- Links to local PGD Policy and other supporting guidance
- Audit requirements

Any reference to a Trust protocol (either clinical to be followed as part of the administration of a medication with the PGD or for any other purpose) must be referenced and hyperlinked to ensure the practitioner acting under the PGD has direct access to the protocol for reference.

1. Characteristics of staff

Qualifications and professional registration	Pharmacist(s) registered with General Pharmaceutical Council, as a healthcare profession listed in the legislation as able to practice under Patient Group Directions. Pharmacists must be authorised by name to work under the current version of this PGD.
Initial training	• Has completed the Declaration of Competence for Emergency Hormonal Contraception on the CPPE website. • Has completed appropriate level 2 training in safeguarding children and Adults at Risk. • Has enabled the CPPE viewer on their CPPE account. • Has read and understood the service specification provided by Lincolnshire County Council. • Is authorised by name to work under the current version of the PGD. • All pharmacy staff to be aware of and working within Lincolnshire Safeguarding Children Board policies (see www.lincolnshire.gov.ukllscb), and NHS Lincolnshire Safeguarding policies (http://southwestlincolnshireccg. nhs.uk/safeguarding). • For immediate concerns about a child, contact 01522 782333 (Children's Social Care, customer services centre); or for an adult, contact 01522 782155 • The pharmacist will be professionally accountable for this work as defined in their professional standards of conduct, ethics and performance
Competency assessment	• Declaration of Competence process completed • Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions
Ongoing training and competency	• Individuals operating under this PGD are personally responsible for ensuring that they remain up to date with the use of all medicines and guidance included in the PGD - if any training needs are identified these should be addressed and further training provided as required. • Organisational PGD and/or medication training as required by employing Trust/organisation.
The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policies.	

2. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	To reduce the risk of pregnancy after unprotected sexual intercourse (UPSI) or regular contraception has been

	compromised or used incorrectly.
Criteria for inclusion	• Females of childbearing potential aged 13 to 19 years presenting for emergency contraception (EC) between 0 and 72 hours following UPSI or when regular contraception has been compromised or used incorrectly. • Females of childbearing potential who have Special Education Needs and Disabilities (SEND) and are aged 13 to 25 years presenting for emergency contraception (EC) between 0 and 72 hours following UPSI or when regular contraception has been compromised or used incorrectly • No contraindications to the medication. • Informed consent given. • In exceptional circumstances, where a remote consultation has to take place, the FSRH CEU recommends that assessment of requirement for EC is prioritised so that it can be made as soon as possible after unprotected intercourse. See https://www.fsrh.org/documents/fsrh-ceu-clinical-advice-to-support-provision-of-effective/
Criteria for exclusion	• Informed consent not given. • Individuals under 16 years old and assessed as lacking capacity to consent using the Fraser Guidelines - **child protection and safeguarding issues must be addressed.** • Individuals 16 years of age and over and assessed as lacking capacity to consent - **- child protection and safeguarding issues must be addressed.** If under 13 years of age – safeguarding advice from social services should be sought for these clients. • This episode of UPSI occurred more than 72 hours ago. N.B. A dose may be given if there have been previous untreated or treated episodes of UPSI within the current cycle if the most recent episode of UPSI is within 72 hours. • Patient representatives - supply to a third party is not permitted. • Supply in advance, e.g. to cover holidays, is not permitted. • Unexplained or unusual vaginal bleeding • Known or suspected pregnancy (N.B. a previous episode of UPSI in this cycle is not an exclusion. Consider pregnancy test if more than three weeks after UPSI and no normal menstrual period since UPSI). • Less than 21 days after childbirth. • Less than 5 days after miscarriage, abortion, ectopic pregnancy or uterine evacuation for gestational trophoblastic disease (GTD). • Known hypersensitivity to the active ingredient or to any component of the product - see Summary of Product Characteristics • Use of ulipristal acetate (UPA-EC) emergency contraception in the previous 5 days. • Acute porphyria.
Cautions including any relevant action to be taken	• All individuals should be informed that insertion of a copper intrauterine device (Cu-IUD) within five days of UPSI or within five days from earliest estimated ovulation

	is the most effective method of emergency contraception. • If a Cu-IUD is appropriate and acceptable supply oral EC and refer to the appropriate health service provider, i.e. Patient's GP or Lincolnshire Integrated Sexual Health Services 01522 309309 • UPA-EC can delay ovulation until closer to the time of ovulation than levonorgestrel (LNG-EC). Consider UPA-EC if the individual presents in the five days leading up to estimated day of ovulation. • LNG-EC is ineffective if taken after ovulation. • If individual vomits within three hours from ingestion, a repeat dose may be given. • Individuals using enzyme-inducing drugs/herbal products or within 4 weeks of stopping them - see dose frequency section. • Body Mass Index (BMI) >26kg/m^2 or weight >70kg – individuals should be advised that though oral EC methods may be safely used, a high BMI may reduce the effectiveness. A Cu-IUD should be recommended as the most effective method of EC. If LNG-EC is to be given see dosage section. • Consideration should be given to the current disease status of those with severe malabsorption syndromes, such as acute/active inflammatory bowel disease or Crohn's disease. Although the use of LNG-EC is not contra-indicated it may be less effective and so these individuals should be advised that insertion of Cu-IUD would be the most effective emergency contraception for them and referred accordingly if agreed. • If the individual is less than 16 years of age an assessment based on Fraser guidelines must be made and documented. • If the individual is less than 13 years of age the healthcare professional should speak to local safeguarding lead and follow the local safeguarding policy. • If the individual has not yet reached menarche consider onward referral for further assessment or investigation. • The use of LNG-EC is not contraindicated during breastfeeding. Levonorgestrel is secreted into breast milk; potential exposure to the infant can be reduced if the woman takes the tablet immediately after feeding and avoids nursing for at least 8 hours.
Action to be taken if the individual is excluded or declines treatment	• Explain the reasons for exclusion to the individual and document in the consultation record. • Record reason for decline in the consultation record. • Offer suitable alternative emergency contraception or refer the individual as soon as possible to a suitable health service provider if appropriate and/or provide them with information about further options.

3. Description of treatment

Name, strength & formulation of drug	Levonorgestrel 1500 micrograms tablet (N.B. this is equivalent to 1.5mg levonorgestrel)
Legal category	POM

Route of administration	Oral administration to be taken on the pharmacy premises
Off label use	Best practice advice given by Faculty of Sexual and Reproductive Healthcare (FSRH) is used for guidance in this PGD and may vary from the Summary of Product Characteristics (SPC). This PGD includes off-label use in the following conditions: ○ increased dose for individuals with BMI over 26kg/m^2 or weight over 70kg ○ increased dose for individuals using liver enzyme inducing agents ○ severe hepatic impairment ○ individuals with previous salpingitis or ectopic pregnancy ○ lapp-lactase deficiency ○ hereditary problems of galactose intolerance ○ glucose-galactose malabsorption Note some products may be licenced only for certain age groups (e.g. 16 years and over) – supply of these products outside the licensed age groups is permitted under this PGD. Medicines should be stored according to the conditions detailed in the Storage section in this table. However, in the event of an inadvertent or unavoidable deviation of these conditions the local pharmacy or Medicines Management team must be consulted. Where drugs have been assessed by pharmacy/Medicines Management in accordance with national or specific product recommendations as appropriate for continued use this would constitute off-label administration under this PGD. The responsibility for the decision to release the affected drugs for use lies with pharmacy/Medicines Management. Where a drug is recommended off-label consider, as part of the consent process, informing the individual/parent/carer that the drug is being offered in accordance with national guidance but that this is outside the product licence.
Dose and frequency of administration	• Levonorgestrel 1500mcg (1 tablet) to be taken as soon as possible up to 72 hours of UPSI. • **Dose for those individuals taking enzyme inducing medicines or herbal products:** An individual who requests LNG-EC whilst using enzyme-inducing drugs, or within 4 weeks of stopping them, can be advised to take a total of 3mg levonorgestrel (two 1500mcg tablets) as a single dose and within 72 hours of UPSI. **Note** the effectiveness of this regimen is unknown. • **Dose for those individuals with a body mass index of more than 26kg/m^2 or who weigh more than 70kg:** An individual who requests LNG-EC with a body mass index of more than 26kg/m^2 or who weighs more than 70kg can be offered a total of 3mg LNG-EC (two 1500mcg tablets) as a single dose and within 72 hours of UPSI. **Note** the effectiveness of this regimen is unknown.
Duration of treatment	• A single dose is permitted under this PGD. • If vomiting occurs within 3 hours of LNG-EC being taken a repeat dose can be supplied under this PGD.

	• Repeated doses, as separate episodes of care, can be given within the same cycle. Please note:
	  ○ If within 7 days of previous LNG-EC offer LNG-EC again (not UPA-EC)
	  ○ If within 5 days of UPA-EC then offer UPA-EC again (not LNG-EC)

Quantity to be supplied	• Appropriately labelled pack of one tablet. • Two tablets can be supplied for individuals taking enzyme inducing drugs and/or individuals with a BMI of more than 26kg/m^2 or who weigh more than 70kg.
Storage	Medicines must be stored securely according to national guidelines and in accordance with the product SPC.
Drug interactions	A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk or the BNF www.bnf.org
Identification & management of adverse reactions	A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk and BNF www.bnf.org The following side effects are common with LNG-EC (but may not reflect all reported side effects): • Nausea and vomiting are the most common side effects. • Headache, dizziness, fatigue, low abdominal pain and breast tenderness, diarrhoea. • The FSRH advises that bleeding patterns may be temporarily disturbed and spotting may occur, but most individuals will have their next menstrual period within seven days of the expected time.
Management of and reporting procedure for adverse reactions	• Healthcare professionals and individuals are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: http://yellowcard.mhra.gov.uk • Record all adverse drug reactions (ADRs) in the individual's medical record. • Report any adverse reactions via organisation incident policy.
Written information and further advice to be provided	• All methods of emergency contraception should be discussed. All individuals should be informed that fitting a Cu-IUD within five days of UPSI or within five days from the earliest estimated ovulation is the most effective method of emergency contraception. • Ensure that a patient information leaflet (PIL) is provided within the original pack. • If vomiting occurs within three hours of taking the dose, the individual should return for another dose. • Explain that menstrual disturbances can occur after the use of emergency hormonal contraception. • Provide advice on ongoing contraceptive methods, including how these can be accessed. • Repeated episodes of UPSI within one menstrual cycle - the dose may be repeated more than once in the same menstrual cycle should the need occur. • Individuals using hormonal contraception should restart their regular hormonal contraception immediately. Avoidance of pregnancy risk (i.e. use of condoms or abstain from intercourse) should be advised until fully

	effective. • Advise a pregnancy test three weeks after treatment especially if the expected period is delayed by more than seven days or abnormal (e.g. shorter or lighter than usual), or if using hormonal contraception which may affect bleeding pattern. • Promote the use of condoms to protect against sexually transmitted infections (STIs) and advise on the possible need for screening for STIs. • There is no evidence of harm if someone becomes pregnant in a cycle when they had used emergency hormonal contraception. • Advise to consult a pharmacist, nurse or doctor before taking any new medicines including those purchased.
Advice/follow up treatment	• The individual should be advised to seek medical advice in the event of an adverse reaction. • The individual should attend an appropriate health service provider if their period is delayed, absent or abnormal or if they are otherwise concerned. • Pregnancy test as required (see advice to individual above). • Individuals advised how to access on-going contraception and STI screening as required.
Records	Record: • The consent of the individual and o If individual is under 13 years of age record action taken o If individual is under 16 years of age document capacity using Fraser guidelines. If not competent record action taken. o If individual over 16 years of age and not competent, record action taken • Name of individual, address, date of birth • GP contact details where appropriate • Relevant past and present medical history, including medication history. Examination finding where relevant e.g. weight • Any known drug allergies • Name of registered health professional operating under the PGD • Name of medication supplied • Date of supply • Dose supplied • Quantity supplied • Advice given, including advice given if excluded or declines treatment • Details of any adverse drug reactions and actions taken • Advice given about the medication including side effects, benefits, and when and what to do if any concerns • Any referral arrangements made • Any supply outside the terms of the product marketing authorisation • Recorded that supplied via Patient Group Direction (PGD) Records should be signed and dated (or a password controlled e-records) and securely kept for 8 years or until the

	client reaches 25 years of age – whichever is longest. All records should be clear, legible and contemporaneous. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.

4. Key references

Key references (accessed September 2022)	• Electronic Medicines Compendium http://www.medicines.org.uk/ • Electronic BNF https://bnf.nice.org.uk/ • NICE Medicines practice guideline "Patient Group Directions" https://www.nice.org.uk/guidance/mpg2 • Faculty of Sexual and Reproductive Health Clinical Guidance: Emergency Contraception - March 2017 (Amended March 2020) https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/emergency-contraception/ • FSRH CEU Statement Response to Edelman 2022 (August 2022) https://www.fsrh.org/standards-and-guidance/documents/fsrh-ceu-statement-response-to-edelman-2022-august-2022/ • Faculty of Sexual and Reproductive Health Drug Interactions with Hormonal Contraception – May 2022 https://www.fsrh.org/documents/ceu-clinical-guidance-drug-interactions-with-hormonal/ • Royal Pharmaceutical Society Safe and Secure Handling of Medicines December 2018 https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines

Appendix A – example registered health professional authorisation sheet

PGD Version: 2.0 Valid from: 01 May 2023 Expiry: 30 June 2024

Before signing this PGD, check that the document has had the necessary authorisations. Without these, this PGD is not lawfully valid.

Registered health professional

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 practise 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	**Designation**	**Signature**	**Date**

Authorising manager

I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of insert name of organisation for the above named health care professionals who have signed the PGD to work under it.			
Name	**Designation**	**Signature**	**Date**

Note to authorising manager

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this PGD.

Retention Policy: Provider should maintain confidential individual records for a period of 8 years or until the client reaches 25 years of age – whichever is longest.