

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)

Administration of levonorgestrel 1500micrograms tablet(s) for emergency contraception in Lancashire County Council and subcontracted organisations by a community pharmacist from a community pharmacy

THIS PATIENT GROUP DIRECTION HAS BEEN AGREED BY THE FOLLOWING ORGANISATIONS:

Lancashire County Council

Version Number 1.1

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

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

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Valid from:

Review date:

Expiry date:

PGD DEVELOPMENT GROUP

Date PGD template comes into effect:	1 st March 2020
Review date	September 2022
Expiry date:	28 th February 2023

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 November 2019.

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)
Michael Nevill	Director of Nursing British Pregnancy Advisory Service (BPAS)
Katie Girling	British Pregnancy Advisory Service (BPAS)
Julia Hogan	CASH Nurse Consultant Marie Stopes UK
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)
Leanne Bobb	English HIV and Sexual Health Commissioners Group (EHSCHG)
Deborah Redknapp	English HIV and Sexual Health Commissioners Group (EHSCHG)
Dipti Patel	Local authority pharmacist
Emma Anderson	Centre for Postgraduate Pharmacy Education (CPPE)
Dr Kathy French	Pan London PGD working group
Dr Sarah Pillai	Pan London PGD working group
Alison Crompton	Community pharmacist
Andrea Smith	Community pharmacist
Lisa Knight	Community Health Services pharmacist
Bola Sotubo	Clinical Commissioning Group pharmacist
Tracy Rogers	Associate Director Specialist Pharmacy Service
Sandra Wolper	Associate Director Specialist Pharmacy Service

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Amanda Cooper	Specialist Pharmacy Service
Jo Jenkins (Woking Group Co-ordinator)	Specialist Pharmacist PGDs Specialist Pharmacy Service
Samrina Bhatti	Chief Pharmaceutical Officer's Clinical Fellow Specialist Pharmacy Service

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ORGANISATIONAL AUTHORISATIONS

Name	Job title and organisation	Signature	Date
Senior doctor	Dr T Dwivedi Consultant SRH BTH		
Senior pharmacist			
Senior representative of professional group using the PGD	Cath Shelley Nurse Consultant SHS BTH		
Person signing on behalf of authorising body	Dr Sakthi Karunanithi Director of Public Health LCC		

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1. Characteristics of staff

<p>Qualifications and professional registration</p>	<p>Current contract of employment within the Local Authority or NHS commissioned service or the NHS Trust/organisation.</p> <p>An accredited community pharmacist with current GPhC registration supplying as part of the EHC scheme, who has undertaken training relating to the provision of emergency contraception.</p> <p>Registered healthcare professional listed in the legislation as able to practice under Patient Group Directions.</p> <p>Must have appropriate indemnity insurance to provide this service.</p>
<p>Initial training</p>	<p>The registered healthcare professional authorised to operate under this PGD must have undertaken appropriate education and training and successfully completed the competencies to undertake clinical assessment of patients ensuring safe provision of the medicines listed in accordance with local policy.</p> <p>Completion of the ELFH emergency contraception module and assessed as competent in EC or provide the CPPE (or equivalent) EHC 'Declaration of Competence' (DoC).</p> <p>Records of assessment for all the programmes must be retained by the pharmacy contractor, together with the EHC PGD.</p> <p>The healthcare professional has completed locally required training (including updates) in safeguarding children and vulnerable adults or level 2 safeguarding or the equivalent.</p>
<p>Competency assessment</p>	<ul style="list-style-type: none"> • Individuals operating under this PGD must be assessed as competent (see Appendix A) or complete a self-declaration of competence for emergency contraception. • Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions • Reassessment of competence to deliver EHC service is recommended at least every 3 years.
<p>Ongoing training and competency</p>	<ul style="list-style-type: none"> • 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.
<p>The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policies.</p>	

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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	<ul style="list-style-type: none"> Any individual presenting for emergency contraception (EC) between 0 and 96 hours following UPSI or when regular contraception has been compromised or used incorrectly. No contraindications to the medication. Informed consent given. When the patient cannot be reassured, they are not at risk of pregnancy
Criteria for exclusion	<ul style="list-style-type: none"> Informed consent not given. Individuals under 16 years old and assessed as lacking capacity to consent using the Fraser Guidelines. Individuals 16 years of age and over and assessed as lacking capacity to consent. This episode of UPSI occurred more than 96 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 96 hours. 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 emergency contraception in the previous 5 days. Acute porphyria.
Cautions including any relevant action to be taken	<ul style="list-style-type: none"> 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. Ulipristal acetate can delay ovulation until closer to the time of ovulation than levonorgestrel. Consider ulipristal if the individual presents in the five days leading up to estimated day of ovulation. Levonorgestrel 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

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	<p>or within 4 weeks of stopping them - see dose frequency section.</p> <ul style="list-style-type: none"> • Body Mass Index (BMI) >26kg/m² 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 levonorgestrel 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 levonorgestrel 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.
<p>Action to be taken if the individual is excluded or declines treatment</p>	<ul style="list-style-type: none"> • 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.

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3. Description of treatment

Name, strength & formulation of drug	Levonorgestrel 1500 micrograms tablet (N.B. this is equivalent to 1.5mg levonorgestrel)
Legal category	P/POM
Route of administration	Oral
Off label use	<p>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).</p> <p>This PGD includes off-label use in the following conditions</p> <ul style="list-style-type: none"> ○ Use between 72 and 96 hours post UPSI ○ Increased dose for individuals with BMI over 26kg/m² or weight over 70kg and in individuals using liver enzyme inducing agent ○ Severe hepatic impairment ○ Individuals with previous salpingitis or ectopic pregnancy ○ Lapp-lactase deficiency ○ Hereditary problems of galactose intolerance ○ Glucose-galactose malabsorption <p>Drugs 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.</p> <p>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</p>
Dose and frequency of administration	<ul style="list-style-type: none"> • Levonorgestrel 1500mcg (1 tablet) to be taken as soon as possible up to 96 hours of UPSI. • Dose for those individuals taking enzyme inducing medicines or herbal products: An individual who requests levonorgestrel 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 96 hours of UPSI. • Dose for those individuals with a body mass index of more than 26kg/m² or who weigh more than 70kg: An individual who requests levonorgestrel with a body mass index of more than 26kg/m² or who weighs more than 70kg can be offered a total of 3mg levonorgestrel (two 1500mcg tablets) as a single dose and within 96 hours of UPSI.

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	Dose is to be taken at the consultation, supplies are not to be given to take away.
Duration of treatment	<ul style="list-style-type: none"> • A single dose is permitted under this PGD. • If vomiting occurs within 3 hours of levonorgestrel being taken a repeat dose can be supplied under this PGD. • Repeated doses can be given within the same cycle. Please note: <ul style="list-style-type: none"> ○ If within 7 days of previous levonorgestrel offer levonorgestrel again (not ulipristal) ○ If within 5 days of ulipristal then offer ulipristal again (not levonorgestrel)
Quantity to be supplied	<ul style="list-style-type: none"> • 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/m² or who weigh more than 70kg. • The patient's weight should be determined using scales, however where this is not possible patients may self-report.
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	<p>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</p> <p>The following side effects are common with levonorgestrel (but may not reflect all reported side effects):</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.

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	<ul style="list-style-type: none"> • 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.
<p>Advice/follow up treatment</p>	<ul style="list-style-type: none"> • 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. • Women taking ciclosporin should be advised that Levonorgestrel 1500 may increase the risk of ciclosporin toxicity • Aprepitant can reduce the efficacy of hormonal contraception for the time of administration and the following 28 days • Bosentan can reduce the efficacy of hormonal contraception
<p>Records</p>	<p>Record:</p> <ul style="list-style-type: none"> • The consent of the individual and <ul style="list-style-type: none"> ○ If individual is under 13 years of age record action taken ○ If individual is under 16 years of age document capacity using Fraser guidelines. If not competent record action taken. ○ If individual over 16 years of age and not competent, record action taken • Name of individual, address, date of birth

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	<ul style="list-style-type: none"> • 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 • Batch Number • Expiry Date • 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) <p>Records should be signed and dated (or a password controlled e-records) and securely kept for a defined period in line with local policy.</p> <p>All records should be clear, legible and contemporaneous.</p> <p>A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.</p>
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4. Key references

<p>Key references (accessed December 2019)</p>	<ul style="list-style-type: none"> • 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 - December 2017 Updated December 2018 https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/emergency-contraception/ • Faculty of Sexual and Reproductive Health Drug Interactions with Hormonal Contraception - November 2017 https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/drug-interactions/ • 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
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Appendix A - Registered health professional authorisation sheet

PGD Name/Version

Supply and/or administration of levonorgestrel 1500micrograms tablet(s) for emergency contraception Version 1.1

Valid from: 1st May 2022

Expiry: 30th April 2024

Commented [SC(THNFT1): These dates will need changing as well as footer if start date is JUNE

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 Blackpool Teaching Hospitals NHS Foundation Trust for the above named health care professionals who have signed the PGD to work under it.			
Name	Designation	Signature	Date

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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.

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