

Patient Group Direction for the provision of desogestrel progestogen-only pill (POP) for the purposes of Bridging Contraception to patients aged over 13 years and under 55 years from Community Pharmacy

Patient assessment form

Patient Name:	Click or tap here to enter text.	Date of Birth /CHI:	Click or tap here to enter text.
Patient Address (including postcode):	Click or tap here to enter text.	GP name and practice address:	Click or tap here to enter text.
Date of assessment:	Click or tap to enter a date.	Patient consents to GP being informed:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Is patient aged between 13 and 55 years and competent to consent?	YES	<input type="checkbox"/>	Proceed with consultation
	NO	<input type="checkbox"/>	Under 13 years / Child protection issues: Follow local Health Board Child Protection Policies Not competent to consent: Refer to appropriate practitioner
Is patient registered with a GP practice in Scotland	YES	<input type="checkbox"/>	Proceed with consultation
	NO	<input type="checkbox"/>	Refer to appropriate practitioner to obtain supply (e.g. local Sexual Health Services)
Has patient also received EHC from you today?	YES	EHC plus bridging contraception <input type="checkbox"/>	
	NO	Bridging contraception only <input type="checkbox"/>	

BRIDGING CONTRACEPTION

Patient clinical picture and related appropriate actions

CRITERIA FOR EXCLUSION (Proceed if all 'NO')	Yes	No	Actions
<p>Known or possible pregnancy?</p> <p>If menstrual period is late, there has been a risk of pregnancy or in case of symptoms of pregnancy, pregnancy should be excluded before desogestrel is supplied.</p> <p>However, if you have provided patient with EHC today for a very recent pregnancy risk, patient remains eligible for desogestrel supply using this PGD unless there are other exclusions.</p>	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and refer
Patient already received maximum 6 month supply of desogestrel from community pharmacy?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and refer
Patient currently using regular hormonal contraception?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and refer However, if next contraceptive injection is overdue or patient has run out of tablets, supply of desogestrel may be appropriate.
Unexplained vaginal bleeding?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and refer
Has hypersensitivity to the active substance or any of the excipients (some generic desogestrel products contain soya and/or peanut oil)?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and refer
Has experienced ill health related to previous hormonal contraception which cannot be attributed to oestrogen?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and refer
Has an underlying health condition which has been exacerbated by previous hormonal contraception use?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and refer
Has severe liver cirrhosis with abnormal LFTs or a liver tumour (adenoma or carcinoma)?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and refer
Has or had a known hormone dependent malignancy e.g. breast cancer?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and refer

CRITERIA FOR EXCLUSION (Proceed if all 'NO')	Yes	No	Actions
Has known acute porphyria?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and refer
Currently using enzyme-inducing drugs / herbal products or within 4 weeks of stopping them – check the latest edition of the British National Formulary (BNF) www.bnf.org or individual product SPC http://www.medicines.org.uk , FSRH guidance and the HIV Drug Interactions website (www.hiv-druginteractions.org)?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and refer
Any bariatric or other surgery resulting in malabsorption from the gastrointestinal tract?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and refer

SUITABILITY OF DESOGESTREL?	Yes	No	Actions
Discuss all options for contraception e.g. condoms, POP, COC, LARC (implant, IUD, injection)	<input type="checkbox"/>	<input type="checkbox"/>	
Discuss the benefits of desogestrel – reduced risk of pregnancy, reduces number of appointments needed to commence effective contraception	<input type="checkbox"/>	<input type="checkbox"/>	
Discuss the possible adverse effects of desogestrel <ul style="list-style-type: none"> • Change of bleeding patterns (irregular/amenorrhoea) • Nausea and vomiting • Breast tenderness • Dizziness, headache, depression • Changes in body weight and libido 	<input type="checkbox"/>	<input type="checkbox"/>	
Date on which last menstrual period started			Click or tap to enter a date.
Is supply of desogestrel being introduced by 'quick starting'?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, inform patient that this is not within the SPC for desogestrel
Gain informed consent to treatment with desogestrel from patient	<input type="checkbox"/>	<input type="checkbox"/>	If NO, do not treat and refer

Preparation options and supply method

Medicine and strength	Regimen	Supply method
Desogestrel 75 microgram tablets	One tablet to be taken daily (at the same time each day) to be continued without a break between packs (3 x 28 tablets)	PGD via Sexual Health Service

Patient advice checklist

Advice	Provided (tick as appropriate)
Mode of action discussed? <ul style="list-style-type: none"> Primarily works by inhibiting ovulation Also can increase viscosity of cervical mucus 	<input type="checkbox"/>
Efficacy and failure rate discussed? <ul style="list-style-type: none"> If used consistently and correctly – over 99% effective Desogestrel inhibits ovulation in 97% cycles 	<input type="checkbox"/>
When to take medication discussed? <ul style="list-style-type: none"> Take at same time each day If > 12 hours late (>36 hours since last pill) – classed as missed pill 	<input type="checkbox"/>
Missed pills and emergency contraception discussed? <ul style="list-style-type: none"> Take one pill as soon as remembered Take next pill at normal time (may mean 2 pills taken in 1 day) Use additional precautions for 48 hours after restarting EHC required if UPSI occurred after missed pill and within 48 hours of restarting desogestrel 	<input type="checkbox"/>
Possible interactions discussed e.g. prescription medication, herbal remedies, laxatives?	<input type="checkbox"/>
Sick day rules <ul style="list-style-type: none"> Efficacy of desogestrel may be reduced if suffering from severe vomiting and/or diarrhoea If vomiting occurs within 2 hours of taking pill, take another pill as soon as possible If subsequent pill is missed, use additional precautions for 48 hours after resuming pill taking 	<input type="checkbox"/>
Extra precautions and pregnancy test (if required) discussed? <ul style="list-style-type: none"> Additional contraception required for 2 days if desogestrel started out with first 5 days of natural menstrual cycle ('Quick starting') When 'quick starting', pregnancy test should be performed not less than 3 weeks after last UPSI Following use of UPA-EC, patient should wait for 5 days before starting desogestrel and use additional contraception for the first 2 days 	<input type="checkbox"/>

Follow up discussed? <ul style="list-style-type: none"> 3 month supply – patient to arrange contact with GP practice /Sexual Health Services as soon as possible for continuing contraception 	<input type="checkbox"/>
Sexually transmitted infections discussed and how to access screening if appropriate? <ul style="list-style-type: none"> Reminder that desogestrel does not protect from STIs Advice on how to access condoms in local area 	<input type="checkbox"/>
Written patient information issued or patient directed to online information? <ul style="list-style-type: none"> Desogestrel patient information leaflet issued Issue 'fpa' Family Planning Association leaflet 'Your guide to the progestogen only pill' (if available) Direct to NHS Inform (via QR code if appropriate) 	<input type="checkbox"/>
PHARMACIST INFORMATION ONLY Has the patient said anything during the consultation which gives you concern about the possibility of non-consensual sex? <ul style="list-style-type: none"> Consider local Child Protection procedures Signpost to relevant support networks e.g. Gender based violence teams in local Health Board 	<input type="checkbox"/>

Communication

Contact made with: (if patient consent obtained)	Details (include time and method of communication)
Patient's regular General Practice (details)	Click or tap here to enter text.
Other e.g. local Sexual Health Service	Click or tap here to enter text.

Details of medication supplied and pharmacist supplying under the PGD

Medication supplied	Click or tap here to enter text.			
	First 3 month supply	<input type="checkbox"/>	Second 3 month supply	<input type="checkbox"/>
Batch number and expiry	Click or tap here to enter text.			
Print name of pharmacist	Click or tap here to enter text.			
Signature of pharmacist	Click or tap here to enter text.			
GPhC registration number	Click or tap here to enter text.			

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Notification of supply from community pharmacy

CONFIDENTIAL WHEN COMPLETED

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GP name	Click or tap here to enter text.	Pharmacy Stamp
GP practice address	Click or tap here to enter text.	
	Click or tap here to enter text.	
The following patient has attended this pharmacy for assessment and potential supply of desogestrel POP:		
Patient name	Click or tap here to enter text.	Pharmacist name
Date of birth/CHI	Click or tap here to enter text.	Click or tap here to enter text.
Patient address	Click or tap here to enter text.	GPhC number
	Click or tap here to enter text.	Click or tap here to enter text.
Postcode	Click or tap here to enter text.	Date
		Click or tap to enter a date.

Following assessment (Tick as appropriate)

Your patient has been given a 3 month supply of desogestrel (initial supply)	<input type="checkbox"/>
Your patient has been given a second 3 month supply of desogestrel	<input type="checkbox"/>
Your patient has been given appropriate guidance on use of this medication e.g. side effects, missed pill information	<input type="checkbox"/>
Your patient is unsuitable for treatment via PGD for the following reasons and has been referred: Click or tap here to enter text.	<input type="checkbox"/>

*****Your patient has been advised to contact the practice for subsequent supplies of contraception.*****

You may wish to include this information in your patient records.

Patient consent: I can confirm that the information is a true reflection of my individual circumstances and I give my consent to allow a pharmacist working under the terms of Public Health Service to provide the most appropriate advice and/or treatment for me. I also give my permission to allow the pharmacist to pass, to my own GP, details of this consultation and any advice given or treatment provided. I have been advised that some of the information may be used to assess the uptake of the service but this will be totally anonymous and not be attributable to me.

Patient signature	Date
Click or tap to enter a date.	Click or tap to enter a date.

This form should now be sent to the patient's GP and a copy retained in the pharmacy