


Levonorgestrel

Local Authorisation:

Service Area for which PGD is applicable:	Community Pharmacy		
Record/Audit Trail	There must be appropriate records kept and maintained by the pharmacist to enable verification of service provision and training requirements, and provide information for internal and external audit and evaluation purposes.		
Nominated individual who agrees to keep list of practitioners operating under the PGD current and up to date (Lead Professional):			
Name:	Signature:	Designation:	Date:
Alan Harrison Email contact address: alan.harrison@ggc.scot.nhs.uk		Lead Pharmacist Community Care	14/12/23

PGD DOES 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 the General Pharmaceutical Council Standards for Pharmacy Professionals.

Note to Authorising Authority: authorised staff should be provided with access to the clinical content of the PGD and a copy of the document showing their authorisation.

Name of Pharmacist _____

GPhC Registration Number _____

Email address (preferably NHS) _____

Normal Pharmacy Location

Only one Pharmacy name and contractor code is required for each Health Board (HB) area where appropriate. If you work in more than 2 HB areas please use additional forms.)

If you are a Locum, please supply your home address.

Name & Contractor code HB _____

Locum Home Address _____

Please indicate your position within the pharmacy by ticking one of the following:

Locum Employee Manager Owner

I have read and understood the Patient Group Direction and agree to provide these medicines, appliances and ACBS products only in accordance with this PGD.

Signature _____ Date _____

Please return to Community Pharmacy Development Team by post: Clarkston Court, 56 Busby Road, Glasgow, G76 7AT. Email: ggc.cpdevteam@nhs.scot