Chief Medical Officer Directorate
Pharmacy and Medicines Division

Scottish Government
Riaghaltas na h-Alba
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10 October 2024

Dear Colleague

ADDITIONAL PHARMACEUTICAL SERVICES – PUBLIC HEALTH SERVICE
UPDATED SERVICE DOCUMENTATION FOR EMERGENCY AND BRIDGING CONTRACEPTION

Addresses

For action

Chief Executives, NHS Boards

For information

NHS Directors of Pharmacy

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Summary

1. This Circular advises Health Boards and community pharmacy contractors of an updated Patient Group Direction (PGD) that is to be implemented for the provision of desogestrel as bridging contraception. It also encloses updated service specifications for both the emergency hormonal contraception (EHC) and bridging contraception (BC) services as well as supporting guidance.

Background

2. Directions for the Public Health Service enable community pharmacies to provide emergency and bridging contraception. The current version, the Health Board Additional Pharmaceutical Services (Public Health Service) (Scotland) Directions 2023 ("2023 Directions") was issued when naloxone emergency supply was also added to the Public Health Service. The Directions are available in NHS Circular PCA(P)(2023)34, issued on 12 September 2023.

3. NHS Circular PCA(P)(2025)20, issued on 14 September 2015, enclosed a revised service specification for emergency hormonal contraception.

3. NHS Circular PCA(P)(2021)12, issued on 23 September 2021, announced the introduction of bridging contraception and enclosed a service specification.

4. A Patient Group Direction for the supply of desogestrel as bridging contraception was rolled out in 2021. It has now been reviewed and updated. Health Boards are responsible for local governance processes to approve, sign and publish the PGD.

Details

5. A short life working group was set up earlier this year to review the existing services, to make suggested improvements to the service specifications, and provide input to the PGD review process.

6. Documents attached to this circular are as follows:

- Annex A: Updated service specification for Emergency Hormonal Contraception (EHC)
- Annex B: Updated service specification for Bridging Contraception (BC)
- Annex C: Updated draft PGD for Bridging Contraception (BC)
- Annex D: Supporting Guidance
- Annex E: Updated assessment form

PGD

7. The updated draft PGD for bridging contraception has been approved by NHS 24 and is attached at Annex C to allow pharmacists as much time as possible to familiarise themselves with the relevant details. In the meantime, as local governance procedures must be followed even when a PGD is agreed nationally, Health Boards will each approve, sign and publish this PGD through the appropriate channels. Boards are asked to have the updated PGD in place by 1 November 2024. Pharmacy contractors are asked to ensure all pharmacy teams are familiar with the new arrangements by 30 November 2024.

8. Individual authorisation forms should be completed by pharmacists delivering the Public Health Service and submitted to each Health Board area that they work in according to the usual process.

9. The changes that have been made are listed in a summary table at the start of the PGD.

Service Specifications - Key changes

10. A summary of the key changes to the service specifications is as follows:

<u>Emergency Hormonal Contraception (EHC)</u>

- Change of remuneration arrangements so that from 1 November 2024 a fee of £30 is payable when an EHC consultation is undertaken instead of linked to supply. This means that where a consultation outcome is that the pharmacy provides Advice only or Referral to another healthcare provider, they may claim the consultation fee. Reimbursement will also be paid where a supply has been made.
- Update to the training that pharmacists must complete.
- Update to the resources section.
- Change to the Universal Claim Framework (UCF) options, further explanation in paragraph 17 below.
- Note: no changes have been made to eligibility for the EHC service.

Bridging Contraception (BC)

- Change to eligibility from 1 November 2024 so that those who are not currently registered with a GP practice can access the service as long as they live in Scotland i.e. this is equivalent to the eligibility for NHS Pharmacy First Scotland.
- Update to the training that pharmacists must complete.
- Update to the resources section.
- Change to the Universal Claim Framework (UCF) options, further explanation in paragraph 17 below.
- Note: there are no changes to the remuneration arrangements for Bridging Contraception.

Assessment form

11. Following user feedback, changes have been made to the assessment forms for both EHC and BC.

12. The intention is for the EHC form to replace current local versions to ensure consistency across Health Boards. Health Boards are strongly encouraged to adopt this new version when next reviewing their local EHC PGDs.

13. The updated assessment form for BC should be used in conjunction with the revised national PGD released at this time.

Training and Webinar

14. Community pharmacy contractors should ensure that pharmacists have completed the e-learning modules referenced in the service specifications. These are now available on the NES TURAS Learn website at:

Sexual Health for Community Pharmacy: Emergency Contraception (EC)
Sexual Health for Community Pharmacy : Emergency Contraception (EC) | Turas | Learn (nhs.scot)

Sexual Health for Community Pharmacy: Bridging Contraception (BC)
https://learn.nes.nhs.scot/49300/pharmacy/cpd-resources/sexual-health-for-community-pharmacy-bridging-contraception-bc

Public Protection modules

i. Adult support and protection (practice level 1 informed and level 2 skilled)

ii. Child protection (practice level 1 informed and level 2 skilled)

https://learn.nes.nhs.scot/64316/public-protection

15. A webinar on bridging contraception is planned for mid November 2024 – the date and details will be confirmed as soon as possible.

IT arrangements

16. Since 2021 there have been 3 UCF claim options available: EHC only, BC only and EHC+BC where there is dual supply.

17. From 1 November 2024 the dual supply option will be removed. Pharmacy teams should claim either EHC only or BC only depending on the type of consultation that has been undertaken. Where both consultations have been undertaken with one person, the pharmacy team should make two claims: one for EHC and one for BC. PMR systems will restrict the choice of medicines to those that are approved for each of the services. It is vital that pharmacy teams claim for each service under the correct UCF module to support accurate payments.

18. Pharmacy teams may notice changes to their PMR system being made prior to 1 November 2024 but until that date they should continue to claim in the usual way.

19. Claims should only be made where a consultation has been undertaken as part of the NHS Community Pharmacy Public Health Service and not where a person is purchasing EHC or BC as part of a private or online pharmacy service.

Remuneration

20. NHS Circular PCA (P)(2023) 26 issued on 4 August 2023, set out the 2023/24 remuneration arrangements for EHC and BC. An updated Circular on remuneration for financial year 2024/25 will be issued in due course.

21. Community Pharmacy Scotland has been consulted on the contents of this Circular and the Scottish Drug Tariff is being amended.

Action

22. Health Boards are asked to note and, where appropriate, act on the contents of this Circular and to bring it to the attention of community pharmacy contractors on their Pharmaceutical Lists, GPs, Health and Social Care Partnerships and Area Pharmaceutical Committees.

Yours sincerely

Alison Strath
Chief Pharmaceutical Officer
Pharmacy & Medicines Division

ANNEX A

EMERGENCY HORMONAL CONTRACEPTION (EHC) SERVICE SERVICE SPECIFICATION

PROVISION OF EMERGENCY HORMONAL CONTRACEPTION (EHC)

1. Background

1.1 The community pharmacy sexual health service is part of the Public Health Service element of the community pharmacy contract.

1.2 This service specification should be read in conjunction with any local Patient Group Direction (PGD) for the supply of levonorgestrel and the Directions for the Public Health Service.

2. Service aim

2.1 To provide, where clinically indicated, a free supply of emergency hormonal contraception (EHC).

3. Service outline and standards

3.1 The service is available to any person aged 13 years or over.

3.2 The service must be provided by the pharmacist.

3.3 The service is designed primarily to be delivered in person, however, there may be exceptional situations when it is acceptable to undertake the consultation using NHS Near Me or telephone. If undertaking a not-in-person EHC consultation and supply, the pharmacist should use their professional judgement to ensure that they are satisfied it is safe and appropriate to do so.

3.4 Using the proforma questionnaire the pharmacist takes a history to ensure that they have sufficient information to assess the appropriateness of the supply.

3.5 Those who are excluded from the service must be referred to other services for treatment and advice within the time frame for emergency contraception treatment to be effective.

3.6 The pharmacist supplies where clinically indicated, EHC recording the supply using the appropriate form and following the procedure set out in section 4. The pharmacist can supply:

- Levonorgestrel 1.5mg (POM), as a single dose as soon as possible but no later than 72 hours after unprotected sexual intercourse (UPSI), according to a Patient Group Direction (PGD); or

- Ulipristal acetate 30mg (P) as a single dose as soon as possible but no later than 120 hours after UPSI.
- Note: some health boards allow a supply of Levonorgestrel 3mg (POM) to people weighing over 70kg. Local health board guidance on this should be followed.

3.7 The pharmacist should refer to guidance on first line therapy as determined by the local Health Board Area Drug and Therapeutic Committee's prescribing formulary, taking into account clinical need.

3.8 The pharmacist is responsible for ensuring that the service is user-friendly, non-judgemental, person-centred and confidential.

3.9 A pharmacist who chooses not to supply EHC on the grounds of religious, moral or ethical reasons must treat the matter sensitively and advise the person on an alternative local source of supply (another pharmacy, GP or sexual health service) available within the time frame for emergency hormonal contraception treatment to be effective (within 72 hours of unprotected sexual intercourse for levonorgestrel or within 120 hours for ulipristal). (see RPS *Medicines, Ethics and Practice Guide*).

3.10 The service should be operated from premises that can provide an acceptable level of privacy to respect a person's right to confidentiality and safety.

3.11 The pharmacist must ensure maintenance of records for each supply and may be required to share information with appropriate parties in line with confidentiality protocols. Wherever possible a person should be identified using a CHI number.

3.12 The pharmacist must, where appropriate, offer a discussion on other sexual health matters and related topics, including long-acting contraception and sexually transmitted infections. People should be signposted to appropriate information and services where required.

3.13 The pharmacist must use their professional judgement to consider, and where appropriate, act on any child protection issues coming to their attention as a result of providing the service. This should be in line with local child protection procedures and any national or local guidance on under 16s sexual activity (e.g. Fraser Guidelines).

3.14 When the person discloses that a sexual assault has occurred, the pharmacist should offer appropriate information and signposting / referral to local services able to support the person as outlined in the Sexual Assault Response Coordination Service: guidance for healthcare professionals - gov.scot (www.gov.scot) on responding to disclosure of rape or sexual assault.

3.15 The service should be provided according to any required regulatory and professional standards.

4. Service Procedure

4.1 The pharmacist follows the procedure detailed below:

- The pharmacist consults with person, takes a history and establishes the need, any possibility of current pregnancy, any contra-indications, previous use and current medication to ensure the supply is safe and appropriate.

- The supply is made and recorded in the patient medication record.

- The person is counselled on the use of EHC and what to do if vomiting occurs after taking the medication. This includes returning to the pharmacy for a further supply if clinically appropriate.

- The pharmacist advises that the next period may be early or late and to contact their GP or family planning adviser if the period has not occurred within 3 weeks or if menstruation is unusually heavy or light or if there is any presence of lower abdominal pain.

- The pharmacist advises on the use of barrier contraception until the next period.

- The pharmacist highlights the availability of bridging contraception (desogestrel) from community pharmacies, and provides a supply, where clinically appropriate, should the person wish to use this method of contraception.

- The pharmacist directs the person to information on EHC and contraception to support any verbal advice.

- The pharmacist provides information on local services or agencies who can provide access to further treatment and services if required, this includes details of specific services for young people under 18 years of age.

- The pharmacist counsels the person on the importance of using regular contraception if they are sexually active and promotes the role of condoms in preventing sexually transmitted infections. The pharmacist directs the person to written advice or NHS Inform online guide to contraception. A QR code to direct people to NHS Inform is provided below. Printing out information if necessary, the pharmacist provides any additional written and verbal advice on the risk of sexually transmitted infections as a result of unprotected sex and future contraceptive needs.

5. Training

5.1 Training on the supply of EHC should involve all pharmacy staff in order to ensure that everyone is aware of the key issues regarding the supply of EHC

and so that all staff respond sensitively and appropriately to enquiries about EHC. In particular, staff should recognise that all requests for EHC should be referred to the pharmacist early on in the consultation.

5.2 Pharmacists providing the service must complete the NHS National Education for Scotland (NES) 'Sexual Health for Community Pharmacy – Emergency Contraception'' e-learning resource which includes advice on ulipristal and a MCQ assessment, the TURAS e-learning package on *Public Protection* (the informed and skilled modules for Adult and Child protection) and the TURAS module on *Responding to rape and sexual assault*. All of these resources are available on the NES Portal (https://portal.scot.nhs.uk). The training must be satisfactorily completed as per NES performance indicators by completing the appropriate assessments to a satisfactory standard.

5.3 Pharmacists should have up to date knowledge of local sexual health services so that they can refer appropriately.

6. Resources

6.1 Other relevant resources include:

- Disclosure of rape or sexual assault (SARCS) | Right Decisions (scot.nhs.uk) – guidance for healthcare professionals
- SARCS patient information leaflet "Turn to SARCS: Information about the NHS Sexual Assault Response Coordination Service (SARCS)"
- SARCS NHS Inform patient information
- Domestic abuse awareness raising tool for healthcare professionals - Overview (daart.scot)

7. Remuneration and Reimbursement

7.1 The pharmacist uses the Universal Claim Framework (UCF) to claim for the EHC service they have provided.

7.2 A claim for emergency hormonal contraception can be made when a consultation has been fully undertaken, regardless of whether this consultation has resulted in supply, referral of the person to another service provider, or no further action.

7.3 Details of remuneration fees and reimbursement are set out in the Scottish Drug Tariff.

NHS Inform – Guide to Contraception – QR Code

QR Code for web page
https://www.nhsinform.scot/healthy-living/contraception

ANNEX B

BRIDGING CONTRACEPTION SERVICE SPECIFICATION

PROVISION OF DESOGESTREL

1. Background

1.1 The community pharmacy sexual health service is part of the Public Health Service element of the community pharmacy contract.

1.2 This service specification should be read in conjunction with the Patient Group Direction (PGD) for the supply of desogestrel and the Directions for the Public Health Service.

2. Service aim

2.1 To increase access to contraception and aim to reduce the incidence of unplanned pregnancy.

2.2 To provide a person with 'bridging contraception' which is a short term supply, giving the person time to access their GP or sexual health services for a longer term supply of contraception.

3. Service outline and standards

3.1 The service is available to any person aged over 13 years and under 55 years at risk of pregnancy. The person must also either be registered with a GP practice in Scotland or live in Scotland. More information about eligibility is at Appendix A.

3.2 The service must be provided by the pharmacist.

3.3 Using the PGD and proforma questionnaire, the pharmacist takes a history to ensure that they have sufficient information to assess the appropriateness of the supply.

3.4 The supply of desogestrel is to be provided either:

- at the same time as a supply of Emergency Hormonal Contraception (EHC), or
- where the person has requested a short term supply of desogestrel.

3.5 The pharmacist supplies desogestrel where clinically indicated, recording the supply using the universal claim framework and following the procedure set out in section 4 below.

3.6 In accordance with the national PGD, the pharmacist can supply:

- a 3 month supply of desogestrel 75 microgram Film-coated Tablets, 84 tablets (3 x 28)

3.7 The Pharmacist is responsible for ensuring that the service is welcoming, user-friendly, non-judgemental, person-centred and confidential.

3.8 A pharmacist who chooses not to supply desogestrel on the grounds of religious, moral or ethical reasons must treat the matter sensitively and they are required to advise the person on an alternative local source of supply (for example another pharmacy, GP practice or sexual health service).

3.9 The service should be operated from premises that can provide an acceptable level of privacy to respect a person's right to confidentiality and safety.

3.10 The pharmacist must use their professional judgement to consider, and where appropriate, act on any child protection issues coming to their attention as a result of providing the service. This should be in line with local child protection procedures and any national or local guidance on under 16s sexual activity (e.g. Fraser Guidelines).

3.11 The service is primarily intended to comprise a face-to-face consultation, however, the pharmacist may consider whether it would be appropriate to conduct a consultation by telephone call or using NHS Near Me, in exceptional situations where a person is unable to attend the pharmacy.

3.12 The pharmacist must ensure maintenance of records for each supply and may be required to share information with appropriate parties in line with confidentiality protocols. Wherever possible, a person should be identified using a CHI number.

3.13 The pharmacist must ensure, where appropriate, that the person is signposted to other sexual and reproductive health matters and related topics, including the promotion of long-acting contraception and the prevention and screening of sexually transmitted infections. Written information may be available on these topics from the health board or the person can be directed to the NHS Inform website. A QR code for the relevant NHS Inform section can be scanned by smartphones.

3.14 The service should be provided according to any required regulatory and professional standards.

4. Service Procedure

4.1 The pharmacist follows the procedure detailed below:

a) Supply following an EHC consultation

- Following on directly from an EHC consultation, the pharmacist informs the person of the availability of bridging contraception and, using the PGD and desogestrel proforma questionnaire, establishes whether a 3 month supply

of desogestrel would be appropriate. This consultation should use the history taken during the EHC consultation and consider any contra-indications, previous use and current medication to ensure the supply is safe and appropriate.

- The person is counselled on the use of desogestrel and advised at what point following EHC the desogestrel should be taken. This will vary depending whether the EHC supply is levonorgestrel or ulipristal acetate. Refer to the PGD on desogestrel for dosing instructions.

b) Standalone supply

- Where a person requests a supply of contraception, the pharmacist informs them of the availability of bridging contraception and undertakes a desogestrel consultation, using the PGD and desogestrel proforma questionnaire, to establish whether a 3 month supply of desogestrel would be appropriate. This consultation should take the person's details and consider any contra-indications, previous use and current medication to ensure the supply is safe and appropriate.

In the cases of both a) and b):-

- The supply is made and recorded in the patient medication record.

- The 'Quick Starting' approach may be followed. This is when the person can start taking desogestrel straight away without waiting until the first day of their next period. Further information on 'quick starting' is within the PGD and training module.

- With the person's consent, their GP practice is notified of the supply of desogestrel in line with the PGD. The person should be assured that this is usual practice and assists with continuity of supplies and ensuring medical records are updated.

- The supply is intended as a one–off 3-month supply, however, where a person has been unable to secure an ongoing supply in that time period, the pharmacist may provide **one** further 3-month supply.

- If the pharmacy already offers free condoms via health board C-card arrangements this should be offered at the same time as desogestrel.

- The pharmacist counsels the person on the importance of using regular contraception if they are sexually active, the advantages of long acting reversible contraception, and promotes the role of condoms in preventing sexually transmitted infections.

- The pharmacist provides the person with written advice or referral to NHS Inform online guide to contraception. A QR code to direct people to NHS Inform is provided below. Printing out information if necessary, the pharmacist provides any additional written and verbal advice on the risk of

sexually transmitted infections as a result of unprotected sex and future contraceptive needs. The pharmacist also provides information on local services or agencies who can provide access to further treatment and services if required.

- Any suspected adverse events should be reported using the MHRA Yellow Card Scheme.

5. Training

5.1 This service specification must be read alongside the bridging contraception PGD.

5.2 Training resources are available on NES Turas Learn including the e-learning module 'Sexual Health for Community Pharmacists : Bridging Contraception (desogestrel)

https://learn.nes.nhs.scot/49300/pharmacy/cpd-resources/sexual-health-for-community-pharmacy-bridging-contraception-DESOGESTREL

5.3 Other relevant training resources are the TURAS e-learning package on *Public Protection* (the informed and skilled modules for Adult and Child protection) and the TURAS module *Responding to rape and sexual assault* available on the NES Portal (https://portal.scot.nhs.uk).

6. Remuneration and Reimbursement

6.1 The pharmacist uses the Universal Claim Framework (UCF) to claim for the bridging contraception service they have provided.

6.2 A claim for bridging contraception can be made when a bridging contraception consultation has been fully undertaken, regardless of whether this consultation has resulted in supply, referral of the person to another service provider, or no further action.

6.3 Details of remuneration fees and reimbursement are set out in the Scottish Drug Tariff.

APPENDIX A

Eligibility for Community Pharmacy Sexual Health Service (Bridging Contraception)

The following persons are eligible for the service:

- a person registered with the Defence Medical services (even if they are a visitor to Scotland),
- a person registered on a permanent basis with a GP Practice in Scotland,
- a person registered on a temporary basis with a GP Practice in Scotland (unless they are a visitor to Scotland),
- a person who lives in Scotland,
- a person who is a gypsy or traveller in Scotland, or
- a person who is an asylum seeker in Scotland or a dependent of an asylum seeker in Scotland.

The following persons are not eligible:

- a visitor to Scotland (which has the meaning given in Notes below)

Notes:
For the purposes of the operation of the Community Pharmacy Sexual Health Service (Bridging Contraception):

A gypsy or traveller is someone who is part of distinct groups – such as Roma, Romany Gypsies, Scottish and Irish Travellers – who consider the travelling lifestyle part of their ethnic identity.[1]

An asylum seeker is someone who has lodged an application for international protection under the United Nations 1951 Refugee Convention or Article 3 of the European Convention on Human Rights, and is awaiting a decision from the (UK) Government.[2]

A visitor is someone who is away from their normal place of residence and who intends to stay in Scotland for less than 3 months. A person who is registered with a GP Practice in Scotland on a temporary basis and who is a visitor to Scotland is not eligible to receive the service. A person in Scotland who is an asylum seeker, a dependent of an asylum seeker, a gypsy or traveller is not a visitor to Scotland for the purposes of accessing this service.

[1] Gypsy/Travellers - gov.scot (www.gov.scot)
[2] Annex D: Glossary of Useful Terms - New Scots: refugee integration strategy 2018 to 2022 - gov.scot (www.gov.scot)

PCA(P)(2024)30

NHS Inform – Guide to Contraception – QR Code

QR Code for web page https://www.nhsinform.scot/healthy-living/contraception

Annex C

Patient Group Direction (PGD)

This PGD authorises community pharmacists to supply desogestrel tablets – progestogen-only contraceptive pill (POP) to patients aged over 13 years and under 55 years of age who meet the criteria for inclusion under the terms of this document, under the Public Health Service within community pharmacies.

Publication date: 18th September 2024

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Version 2.0

Most Recent Changes

Version	Date	Summary of changes
2.0	September 2024	• Original PGD transferred into new Community Pharmacy Public Health Service template. • Title page - change “progesterone” to “progestogen” (in line with Faculty of Sexual and Reproductive Healthcare (FSRH) terminology) • 1.1 Indication – updated wording to include “as an interim measure prior to obtaining”. • 1.2. Inclusion criteria – ○ updated wording to clarify age range of eligible patients. ○ removed requirement to “fully counsel” patients on all methods of contraception – now must “make patients aware”. ○ clarification that supply occurs either after EHC consultation OR after specific request. ○ eligibility updated to mirror NHS Pharmacy First Scotland – now must be registered with a GP practice in Scotland or live in Scotland. • 1.3 Exclusion criteria: ○ Removal of text in brackets “pregnancy should be excluded before desogestrel is supplied if menstrual period is late, there has been a risk of pregnancy or in cases of symptoms of pregnancy – now reads “known or suspected pregnancy”. ○ Clarification of medical conditions which excludes a patient. ○ Removal of exclusion of previous bariatric or other surgery which results in impaired gastrointestinal absorption. ○ Eligibility exclusion updated – now reads “Visitors to Scotland”. • 1.4 Cautions/need for further advice/circumstances when further advice should be sought from a prescriber:

Version	Date	Summary of changes
		○ Clarification of how to deal with a patient over 16 years of age where there are concerns over capacity to consent. ○ Clarification of which medical conditions may require more careful follow-up. ○ Inclusion of previous bariatric or other surgery which results in impaired gastrointestinal absorption in advice that LARC is more efficacious. ○ Removal of "IUS" to bring in line with FSRH terminology – "IUD" now covers both copper and hormonal systems. • 2.3 Dosage: ○ Removal of detailed information under "Dosage" – now included in supporting guidance document. • 2.7 Quantity to supply: • Amendment to wording under "quantity to supply" re second three-month supply – removal of examples. • 2.10 Is the use out with SPC? ○ Amendment to wording under– addition of "depending on the circumstances of supply". ○ Removal of FSRH guidelines on quick starting contraception – now in supporting guidance document • 3.3 Advice to patient or carer including written information ○ Hyperlink to NHS Inform Contraception section added. ○ Addition of guidance to signpost to NHS Inform or local SRH clinic for information on STIs. • 3.6 Additional facilities: ○ Addition of link to current FSRH guidelines on quick starting POP • 4.2 Specialist competencies or qualifications

Version	Date	Summary of changes
		○ Updated links to required training for delivering the PGD. 6. Additional references: • Addition of link for UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) guidance • Updated link for desogestrel SmPC to generic option

Contents

Authorisation

This PGD is not legally valid until it has had the relevant organisational authorisation.

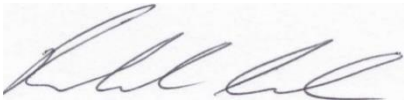
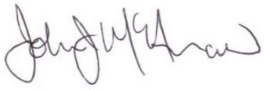
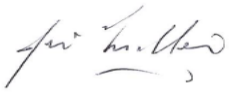
PGD desogestrel tablets

This specimen PGD template has been produced in collaboration with the Primary Care Community Pharmacy Group and Scottish Lead Clinicians for Sexual and Reproductive Heath to assist NHS Boards in the uniform provision of services under 'Community Pharmacy Public Health Service' banner across NHS Scotland. NHS Boards should ensure that the final PGD is considered and approved in line with local clinical governance arrangements for PGDs.

The community pharmacist who may supply desogestrel tablets under this PGD can do so only as a named individual. It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with the General Pharmaceutical Council Standards for Pharmacy Professionals and to ensure familiarity with the manufacturer's product information/summary of product characteristics (SPC) for all medicines supplied in accordance with this PGD.

NHS Board governance arrangements will indicate how records of staff authorised to operate this PGD will be maintained. Under PGD legislation there can be no delegation. Supply of the medicine must be by the same practitioner who has assessed the patient under the PGD.

This PGD has been approved on behalf of NHS Scotland by NHS 24 by:

Doctor	Dr Ronald Cook	Signature	
Pharmacist	Dr John McAnaw	Signature	
NHS Scotland Representative	Mr Jim Miller	Signature	

Approved on behalf of NHS……*insert Board*…… by:

Medical Director (Name / Signature) ……..

Director of Pharmacy/Senior Pharmacist (Name / Signature) ……

Clinical Governance Lead (Name / Signature) ……..

Date approved: ……

Effective from: *insert date*

It is the responsibility of the person using the PGD to ensure they are using the most recent issue.

Expiry date: 17th September 2027

1. Clinical situation

1.1. Indication

Patient wishes to use desogestrel POP as an interim measure prior to obtaining their preferred method of contraception.

1.2. Inclusion criteria

Patient aged between 13 years and 54 years of age (inclusive).

> (**NOTE**: Local Health Board Child Protection procedures should be followed if patient is under 16 years of age – see 'Cautions/Further advice/circumstances when further advice should be sought from a prescriber' section for further information.)

Patients who have been made aware of all methods of contraception available to them.

Supply occurs immediately after the supply of oral Emergency Contraception (EC) **OR** supply occurs following a consultation regarding the use of contraception.

Patient is registered with a GP practice in Scotland or living in Scotland (this service now mirrors NHS Pharmacy First Scotland eligibility criteria).

Valid consent to receiving treatment under this PGD has been obtained.

1.3. Exclusion criteria

Under 13 years of age (Local Child Protection policy should be followed).

Aged 55 years of age and over.

Under 16 years of age and assessed as not competent to consent to treatment under Age of Legal Capacity (Scotland) Act 1991.

Currently using regular hormonal contraception (i.e., missed pill).

Already received the maximum 6 months supply of desogestrel from community pharmacy.

Known or suspected pregnancy.

Unexplained vaginal bleeding.

Hypersensitivity to desogestrel or any of the excipients (some generic desogestrel products contain soya and/or peanut oil).

Conditions classed as UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) Category 3 or UKMEC Category 4.

- Current or previous history of ischaemic heart disease, vascular disease, stroke or transient ischaemic attack (only if taking this method when the event occurred).
- Severe liver cirrhosis with abnormal Liver Function Tests (LFTs) or a liver tumour (adenoma or carcinoma).
- Current or previous known hormone-dependent malignancy (e.g., breast cancer).

Known acute porphyria.

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** , individual product SPC **www.medicines.org.uk** , FSRH guidance and the HIV Drug Interactions website **www.hiv-druginteractions.org**

Concomitant use of other interacting medicines - See current BNF and SPC for full risk of possible interactions. If clinically significant interactions are identified, then patients should be referred to GP for consideration of an alternative treatment.

Visitors to Scotland.

Individuals for whom no valid consent has been received.

1.4. Cautions/need for further advice/ circumstances when further advice should be sought from a prescriber

Assessed as not competent to consent to treatment.

- Patients under 16 years of age may give consent for the supply of desogestrel provided they fully understand the benefits and risks involved. The patient should be encouraged to involve a parent / guardian, if possible, in this decision. Where there is no parental involvement and the patient indicates they wish to accept the supply, supply should proceed if the pharmacist deems the patient to have the legal capacity to consent. The Age of Legal Capacity (Scotland) Act 1991, s2(4) states that 'a person under the age of 16 years shall have legal capacity to consent on their own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of the qualified medical practitioner attending them, they are capable of understanding the nature and possible consequences of the procedure or treatment'.
- Legal advice from NHS in Scotland states that if a healthcare professional has been trained and professionally authorised to undertake a clinical procedure which is normally that of a medical practitioner, then that health professional can be considered to have the necessary power to assess the capacity of a child under the 1991 Act, for that procedure or treatment.
- For patients over 16 years of age, always consider whether the person is unable to safeguard their own wellbeing, property, rights or other interests; or is at an increased risk of harm because they are affected by disability or mental disorder, illness or physical or mental infirmity. If so, follow adult support and protection procedures.

Any gender-based violence should be referred through appropriate channels.

Uncertainty about the safety of progestogen-only contraception despite counselling.

Already used EHC since last menstrual period.

Normally uses alternative hormonal contraception but is not using this form at the point of presentation e.g., run out of pills rather than missed pills, next contraception injection / implant is delayed.

Used ulipristal acetate (UPA-EC) as emergency contraception in last 5 days (can be supplied with advice to delay start of desogestrel for five days after taking UPA-EC).

Conditions classified as UKMEC Category 2 - desogestrel can generally be used, but more careful follow-up *may* be required.

Consideration should be given to the current disease status of those with severe malabsorption syndromes e.g., acute/active inflammatory bowel disease or Crohn's Disease, or those who have previously had bariatric or other surgery resulting in malabsorption from the gastrointestinal tract. Although the use of desogestrel is not contraindicated, it may be less effective. Advise that long action reversible contraception (LARC) is more efficacious.

The patient should be advised that it is possible that some medications that induce diarrhoea and/or vomiting (e.g., orlistat, laxatives) could reduce the effectiveness of desogestrel.

Offer advice on LARC to all individual patients in particular those with medical conditions for whom pregnancy presents an unacceptable risk and those on a pregnancy prevention plan.

If an individual is known to be taking a medication which is known to be harmful to pregnancy, a highly effective form of contraception is recommended. Highly effective methods include the LARC methods: IUD and implant. If a LARC method is unacceptable/unsuitable and desogestrel is chosen, then an additional barrier method of contraception is advised. (See FSRH advice)

Cautions – see BNF and Summary of Product Characteristics.

1.5. Action if excluded

Refer to GP Practice / local Sexual Health Service and document reason for exclusion and any action taken in Patient Medication Record (PMR).

1.6. Action if patient declines

Offer alternative contraceptive advice and refer to appropriate prescriber for review where appropriate.

Document the reason for declining treatment and advice given in PMR.

2. Description of treatment

2.1. Name of medicine/form/strength

Desogestrel 75 microgram tablet

2.2. Route of administration

Oral

2.3. Dosage

Single tablet (75 micrograms) to be taken each day.

2.4. Frequency

Once daily at the same time each day to be taken continuously without a break between packs.

2.5. Duration of treatment

Normally 3 months supply from community pharmacy.

2.6. Maximum or minimum treatment period

Minimum 3 months to maximum 6 months treatment period from community pharmacy as per service specification.

2.7. Quantity to supply

84 tablets (3 x 28).

Initially 3 months should be supplied.

A further 3 months (84 tablets) can be supplied in exceptional circumstances if deemed appropriate by pharmacist.

2.8. ▼ black triangle medicines

No

2.9. Legal category

Prescription Only Medicine (POM).

In accordance with the MHRA all medicines **supplied** under a PGD **must** either be from over-labelled stock or be labelled appropriately in accordance with the regulatory body guidelines for the labelling of medicines for the professional providing the supply.

2.10. Is the use out with the SPC?

Yes – depending on the circumstances of supply.

It is outside the terms of the product licences of all hormonal contraceptives (HC) for a healthcare professional to supply HC without being reasonably sure that the patient is not pregnant. However, the FRSH supports quick start of contraceptive methods as described in their guideline.[1]

The patient should be informed of this and use of desogestrel outwith licensed indications should be documented in patient's clinical record.

1. Faculty of Sexual & Reproductive Healthcare. *FSRH Guideline Quick Starting Contraception*. 2017. London. Available at **FSRH Clinical Guideline: Quick Starting Contraception (April 2017) | FSRH** (Accessed 02/07/2024)

2.11. Storage requirements

As per manufacturer's instructions.

Store below 25ºC in a cool, dry place

2.12. Additional information

None

3. Adverse reactions

3.1. Warnings including possible adverse reactions and management of these.

Please refer to current BNF or SPC for full details.

Common side effects include irregular bleeding, amenorrhoea, breast tenderness, dizziness, headache and depression, changes in body weight and libido.

For a full list of side effects, refer to the marketing authorisation holder's Summary of Product Characteristics (SPC). A copy of the SPC must be available to the health

professional supplying the medication under this PGD. This can be accessed on **www.medicines.org.uk.**

If a patient experiences any side effects that are intolerable or hypersensitivity reactions occur, the medication should be discontinued.

In the event of severe adverse reaction e.g., swelling of eyes, face, lips or throat, shortness of breath or wheezing, developing of rash, or feeling faint, individuals should be advised to seek medical advice immediately.

3.2. Reporting procedure for adverse reactions

Pharmacists should document and report all adverse incidents through their own internal governance systems.

All adverse reactions (actual and suspected) should be reported to the appropriate medical practitioner and recorded in the patient's medical record. Pharmacists should record in their PMR and inform the patient's GP as appropriate.

Where appropriate, healthcare professionals and individuals/carers should report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme. Yellow cards and guidance on their use are available at the back of the BNF or online at **www.mhra.gov.uk/yellowcard.**

3.3. Advice to patient or carer including written information

Written information to be given to individuals:

- Provide manufacturer's consumer information leaflet/patient information leaflet (PIL)
- Details of local Sexual and Reproductive Service and how to contact them.

- Direct patient to NHS Inform for information on alternative forms of contraception (print out for patient if necessary) available at: **Contraception | NHS inform**

- Display QR code with link to NHS Inform on wall of consultation room (included in supporting guidance).

Verbal advice to be given to individuals/parent/carer:

- Advise the individual on mode of action, efficacy and failure rate of the medication.

- Advantages and disadvantages of desogestrel.

- How to take the medication – commence immediately after LNG-EC or 5 days after UPA-EC.

- Possible side effects.

- Expected bleeding pattern.

- The need, length and method of extra precautions (if required).

- The need and timing of a pregnancy test (if required with 'quick starting')

- How to deal with a 'missed dose': take the next pill as soon as is remembered, then carry on with pill after that at the correct time. If the pill was more than 12 hours overdue, patient is not protected and should consider emergency contraception if UPSI has occurred. Continue normal pill taking but must also use a barrier method of contraception, e.g., condom, for the next 2 days.

- When and where to access emergency contraception (if required).

- Medication: prescription and non-prescription (including herbal remedies e.g., St John's Wort) can interfere with the effectiveness of desogestrel

- Medications which induce diarrhoea and/or vomiting (e.g., laxatives) could reduce the effectiveness of desogestrel.

- If vomiting occurs within 2 hours of taking a tablet, another should be taken as soon as possible, and the missed pill (included in PIL) followed if appropriate.

- Details of follow up – confirm patient is happy for pharmacists to make GP aware of this supply and advise patient to contact local GP or Sexual Health Service before the three-month supply has run out to arrange supply of future contraception (ideally this should happen as soon as possible.)

- If attending a GP or other healthcare professional for any illness, they should make them aware they are using desogestrel.

- Sexually transmitted infections – advise on STI risk, regular STI screening and encourage use of condoms. Signpost to NHS Inform or local Sexual and Reproductive Health (SRH) clinic.

3.4. Monitoring

Not required in community pharmacy

3.5. Follow up

Not required in community pharmacy

3.6. Additional facilities

The following should be available when the medication is supplied:

- An acceptable level of privacy to respect patient's rights to confidentiality and safety
- Access to a working telephone
- Access to medical support (this may be via telephone or email)
- Approved equipment for the disposal of used materials
- Clean and tidy work areas, including access to hand washing facilities or alcohol hand gel.
- Access to current BNF (online version preferred)
    - BNF British National Formulary - NICE
    - BNF for Children British National Formulary - NICE
- Access to SmPC/PIL/Risk Minimisation Material:
    - Home - electronic medicines compendium (emc)
    - MHRA Products | Home
    - RMM Directory - (emc)
- Access to copy of current version of this PGD
- Access to copy of current FSRH guidelines on quick starting POP
    - **FSRH Clinical Guideline: Quick Starting Contraception (April 2017) - Faculty of Sexual and Reproductive Healthcare**
- Access to copy of current UK Medical Eligibility Criteria for Contraceptive Use (UKMEC)
    - **UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) - FSRH Amended September 2019**

4. Characteristics of staff authorised under the PGD

4.1. Professional qualifications

Pharmacist with current General Pharmaceutical Council (GPhC) registration.

Under PGD legislation there can be no delegation. Supply of the medication must be completed by the same practitioner who has assessed the patient under this PGD.

4.2. Specialist competencies or qualifications

Persons must only work under this PGD where they are competent to do so.

All persons operating this PGD must:

- Be familiar with desogestrel medicine and alert to changes in the manufacturer's product information/summary of product information.
- Have successfully completed the following NES Pharmacy e-learning modules:
    - Sexual Health for Community Pharmacy: Bridging Contraception (BC)

https://learn.nes.nhs.scot/49300/pharmacy/cpd-resources/sexual-health-for-community-pharmacy-bridging-contraception-bc

    - Public protection modules
        i. Adult support and protection (practice level 1 informed and level 2 skilled)
        ii. Child protection (practice level 1 informed and level 2 skilled)

https://learn.nes.nhs.scot/64316/public-protection

- Be able to assess the person's/ parent's/ carer's capacity to understand the nature of the purpose of the medication in order to give or refuse consent.
- Due to the minimum age of potential patients, pharmacists must be familiar with local and national child protection guidelines and local contacts to report information if required.

4.3. Continuing education and training

All practitioners operating under this PGD are responsible for:

- Maintaining their skills, knowledge, and their own professional level of competence in this area according to the General Pharmaceutical Council Standards for Pharmacy Professionals
- Ensuring they remain up to date with the use of medications included.
- Attending approved training and training updates as appropriate.
- Undertake relevant continuing professional development when PGD or NES Pharmacy modules are updated.

5. Audit trail

5.1. Authorisation of supply

Pharmacists can be authorised to supply the medicine specified in this PGD when they have completed local Board requirements for service registration.

Pharmacists should complete the individual authorisation form contained in the PGD (Appendix 1) and submit to the relevant NHS Health Board prior to using the PGD.

5.2. Record of supply

All records must be clear, legible, contemporaneous and in an easily retrievable format to allow audit of practice.

A Universal Claim Framework (UCF) record of the screening and subsequent supply, or not, of the medicine specified in this PGD should be made in accordance with the Community Pharmacy Public Health Service - Bridging Contraception service specification.

Pharmacists must record the following information, included in the assessment form, in the PMR (either paper or computer based):

- name of individual, address, date of birth / CHI number
- name of GP with whom the individual is registered (if known)
- confirmation that valid consent to be treated under this PGD was obtained (include details of parent/guardian/person with parental responsibility where applicable)
- details of presenting condition.
- details of medicine supplied - name of medicine, batch number and expiry date, with date of supply.

- details of exclusion criteria – why the medicine was not supplied (if applicable)
- advice given, including advice given if excluded or declines treatment under this PGD
- details of any adverse drug reactions and actions taken
- referral arrangements (including self-care)
- signature and printed name of the pharmacist who undertook assessment of clinical suitability and, where appropriate, subsequently supplied the medicine.

The patient's GP (where known) should be provided with a copy of the GP notification form for the supply of desogestrel tablets, or appropriate referral on the same, or next available working day.

These records should be retained in accordance with national guidance[1] (see page 56 for standard retention periods summary table). Where local arrangements differ, clarification should be obtained through your Health Board Information Governance Lead.

All records of the drug(s) specified in this PGD will be filed with the normal records of medicines in each service. A designated person within each service will be responsible for auditing completion of drug forms and collation of data.

1. Scottish Government. *Scottish Government Records Management.* Edinburgh 2020. Available at **SG-HSC-Scotland-Records-Management-Code-of-Practice-2020-v20200602.pdf** (Accessed 19th December 2023)

6. Additional references

Practitioners operating the PGD must be familiar with:

1. **UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) (April 2016 Amended September 2019) - Faculty of Sexual and Reproductive Healthcare** (Accessed 16 September 2024)

2. **FSRH Clinical Guideline: Progestogen-only Pills (August 2022, Amended July 2023) - Faculty of Sexual and Reproductive Healthcare** (Accessed 18 June 2024)

3. **FSRH Clinical Guideline: Quick Starting Contraception (April 2017) - Faculty of Sexual and Reproductive Healthcare** (Accessed 18 June 2024)

4. National Institute for Health and Care Excellence (NICE). Contraception – progestogen-only methods. Available at **Contraception - progestogen-only methods | Health topics A to Z | CKS | NICE** (Accessed 18 June 2024)

5. Current edition of British National Formulary (BNF) BNF British National Formulary - NICE, and BNF for children BNF for Children British National Formulary - NICE

6. Marketing authorisation holder's Summary of Product Characteristics. Electronic Medicines Compendium. *Desogestrel 75 micrograms. SmPC.* Available at: **Summary of Product Characteristics (SmPC) - desogestrel** (Accessed 2 April 2024)

7. Individual authorisation (Appendix 1)

Forms to follow from individual Health Boards once PGD is signed off locally.

NHS Board	Address	
Ayrshire & Arran	Pharmacy & Prescribing Team, NHS Ayrshire & Arran, Eglinton House, Ailsa Hospital, Dalmellington Road, Ayr, KA6 6JN **aa.cpteam@aapct.scot.nhs.uk**	Please email or post
Borders	Kate Warner, PA to Director of Pharmacy, Room 1 EC4, Headquarters and Education Centre, Borders General Hospital, Melrose, TD6 9BD **communitypharmacy.team@borders.scot.nhs.uk**	Please email or post
Dumfries & Galloway	NHS Dumfries & Galloway, Primary Care Services, Ground Floor North, Mountainhall Treatment Centre, Bankend Rd, Dumfries, DG1 4TG **dg.pcd@nhs.scot**	Please email or post
Fife	PGD Administrator, Pharmacy Services, NHS Fife, Pentland House, Lynebank Hospital, Halbeath Road, Dunfermline, KY11 4UW **Fife.pgd@nhs.scot**	Please email or post
Forth Valley	Community Pharmacy Services, Forth Valley Royal Hospital, Stirling Road, Larbert, FK5 4WR **fv.communitypharmacysupport@nhs.scot**	Please email or post
Grampian	Pharmaceutical Care Services Team NHS Grampian, Pharmacy & Medicines Directorate, Westholme, Woodend, Queens Road, Aberdeen, AB15 6LS **gram.pharmaceuticalcareservices@nhs.scot**	Please email or post
Greater Glasgow & Clyde	Janine Glen, Contracts Manager, Community Pharmacy, NHS Greater Glasgow & Clyde, Clarkston Court, 56 Busby Road, Glasgow G76 7AT **ggc.cpdevteam@nhs.scot**	Please email or post
Highland	Community Pharmaceutical Services, NHS Highland, Assynt House, Beechwood Park, Inverness. IV2 3BW **nhsh.cpsoffice@nhs.scot**	Please email or post
Lanarkshire	Pharmacy/Prescribing Admin Team, NHS Lanarkshire Headquarters, Kirklands, Fallside Road, Bothwell, G71 8BB **Pharmacy.AdminTeam@lanarkshire.scot.nhs.uk**	Please email or post
Lothian	Primary Care Contractor Organisation, 2ND Floor, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG **CommunityPharmacy.Contract@nhslothian.scot.nhs.uk**	Please email or post
Orkney	Lyndsay Steel, Lead General Practice Pharmacist. The Balfour, Foreland Road, Kirkwall, KW15 1NZ **ork.primarycarepharmacy@nhs.scot**	Please email or post
Shetland	Pharmacy Primary Care Services, NHS Shetland, Gilbert Bain Hospital, Lerwick, Shetland, ZE1 0TB **shet.pharmacyprimarycare@nhs.scot**	Please email or post
Tayside	Diane Robertson Pharmacy Department, East Day Home, Kings Cross Hospital, Clepington Road, Dundee, DD3 8AE **Diane.Robertson9@nhs.scot**	Please email or post
Western Isles	Michelle Taylor, Primary Care Dept, The Health Centre, Springfield Road, Stornoway, Isle of Lewis, HS1 2PS **michelle.taylor44@nhs.scot**	Please email or post

8. Version history

Version	Date	Summary of changes
1.0	November 2021	• New National Specimen PGD produced.
2.0	September 2024	• Original PGD transferred into new Community Pharmacy Public Health Service template. • Title page - change “progesterone” to “progestogen” (in line with Faculty of Sexual and Reproductive Healthcare (FSRH) terminology) • 1.1 Indication – updated wording to include “as an interim measure prior to obtaining”. • 1.2. Inclusion criteria – ○ updated wording to clarify age range of eligible patients. ○ removed requirement to “fully counsel” patients on all methods of contraception – now must “make patients aware”. ○ clarification that supply occurs either after EHC consultation OR after specific request. ○ eligibility updated to mirror NHS Pharmacy First Scotland – now must be registered with a GP practice in Scotland or live in Scotland. • 1.3 Exclusion criteria: ○ Removal of text in brackets “pregnancy should be excluded before desogestrel is supplied if menstrual period is late, there has been a risk of pregnancy or in cases of symptoms of pregnancy – now reads “known or suspected pregnancy”. ○ Clarification of medical conditions which excludes a patient. ○ Removal of exclusion of previous bariatric or other surgery which results in impaired gastrointestinal absorption. ○ Eligibility exclusion updated – now reads “Visitors to Scotland”.

Version	Date	Summary of changes

		• 1.4 Cautions/need for further advice/circumstances when further advice should be sought from a prescriber:
		  ○ Clarification of how to deal with a patient over 16 years of age where there are concerns over capacity to consent.
		  ○ Clarification of which medical conditions may require more careful follow-up.
		  ○ Inclusion of previous bariatric or other surgery which results in impaired gastrointestinal absorption in advice that LARC is more efficacious.
		  ○ Removal of “IUS” to bring in line with FSRH terminology – “IUD” now covers both copper and hormonal systems.
		• 2.3 Dosage:
		  ○ Removal of detailed information under “Dosage” – now included in supporting guidance document.
		• 2.7 Quantity to supply:
		• Amendment to wording under “quantity to supply” re second three-month supply – removal of examples.
		• 2.10 Is the use out with SPC?
		  ○ Amendment to wording under– addition of “depending on the circumstances of supply”.
		  ○ Removal of FSRH guidelines on quick starting contraception – now in supporting guidance document
		• 3.3 Advice to patient or carer including written information
		  ○ Hyperlink to NHS Inform Contraception section added.
		  ○ Addition of guidance to signpost to NHS Inform or local SRH clinic for information on STIs.
		• 3.6 Additional facilities:

Version	Date	Summary of changes
		○ Addition of link to current FSRH guidelines on quick starting POP • 4.2 Specialist competencies or qualifications ○ Updated links to required training for delivering the PGD. 6. Additional references: • Addition of link for UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) guidance • Updated link for desogestrel SmPC to generic option

Supporting guidance on providing Emergency Contraception (and Bridging Contraception – where appropriate)

Emergency Hormonal Contraception using Ulipristal 30mg (Ella One®) or levonorgestrel (via PGD) and Bridging Contraception using desogestrel (via PGD)

This guidance has been produced to support community pharmacists provide Emergency Contraception and Bridging Contraception services.

PGDs for Emergency Hormonal Contraception (EHC) are written and signed off at a local Health Board level – therefore there may be slight variation in some of the details of specific PGDs. *Please refer to the version published by the Health Board you are working in.*

The Bridging Contraception Service is underpinned by a national PGD signed off by NHS 24 on behalf of NHS Scotland in a "Once for Scotland" approach.

For detailed guidance, please refer to the Faculty of Sexual and Reproductive Health guidelines:

FSRH Clinical Guideline: Emergency Contraception (March 2017, amended July 2023) - Faculty of Sexual and Reproductive Healthcare

FSRH Clinical Guideline: Quick Starting Contraception (April 2017) - Faculty of Sexual and Reproductive Healthcare

Abbreviations
EC – Emergency Contraception
EC-LNG – Emergency Contraception Levonorgestrel
EC-UPA – Emergency Contraception Ulipristal
Cu-IUD – Copper intra-uterine device
UPSI – Unprotected Sexual Intercourse

Frequently Asked Questions

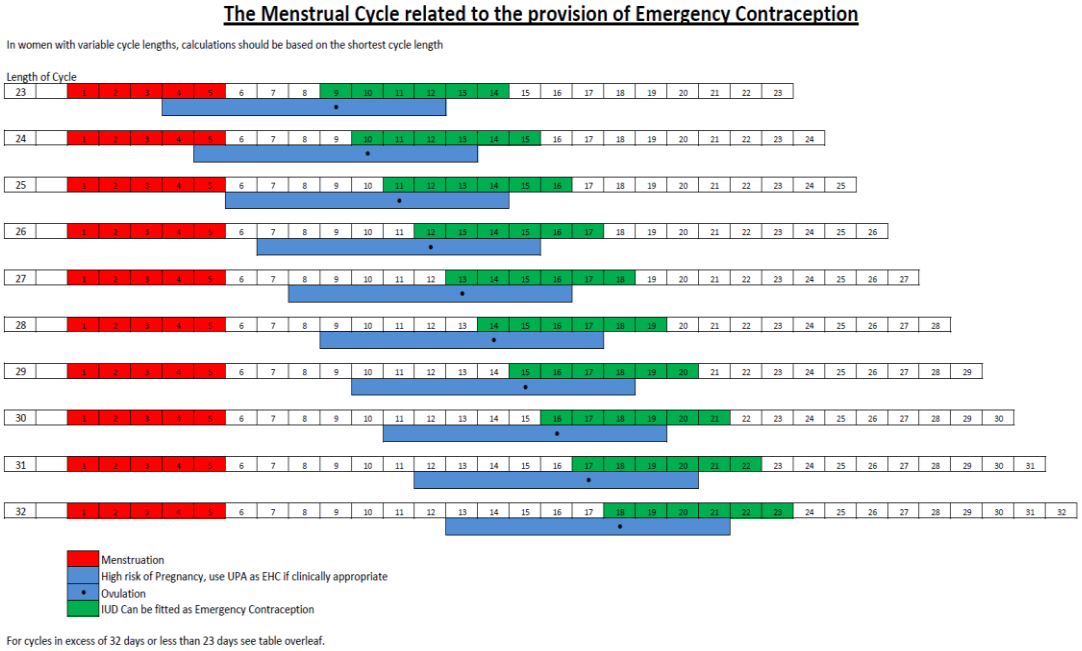
Do patients need to be registered with a GP in Scotland to access either EHC or Bridging Contraception services?

EHC – Eligibility for accessing EHC has not changed as part of the recent review: registration with a GP practice in Scotland is not essential to access this service.

BC – Eligibility for accessing bridging contraception has been extended to mirror eligibility for NHS Pharmacy First Scotland – it now includes all patients registered with a GP practice in Scotland or Defence Medical Services (on a permanent or temporary basis), or living in Scotland (including gypsy travellers or asylum seeker/dependent of an asylum seeker). Visitors to Scotland are excluded.

Which form of EC is most appropriate?

The tables below give an indication of when ovulation is likely to occur in relation to the length of the menstrual cycle.



The Menstrual Cycle related to the provision of Emergency Contraception

High risk of Preganancy, use UPA as EHC if clinically appropriate
Ovulation
IUD Can be fitted as Emergency Contraception

Cycle length	Day of Ovulation	High Risk of pregnancy Days	IUD fitting start day	IUD Fitting End Day
19	5	1 to 8	5	10
20	6	1 to 9	6	11
21	7	2 to 10	7	12
22	8	3 to 11	8	13
23	9	4 to 12	9	14
24	10	5 to 13	10	15
25	11	6 to 14	11	16
26	12	7 to 15	12	17
27	13	8 to 16	13	18
28	14	9 to 17	14	19
29	15	10 to 18	15	20
30	16	11 to 19	16	21
31	17	12 to 20	17	22
32	18	13 to 21	18	23
33	19	14 to 22	19	24
34	20	15 to 23	20	25
35	21	16 to 24	21	26
36	22	17 to 25	22	27
37	23	18 to 26	23	28
38	24	19 to 27	24	29
39	25	20 to 28	25	30
40	26	21 to 29	26	31
41	27	22 to 30	27	32

Patients should be advised that Cu-IUD is the most effective method of EC.

- It may also be appropriate to provide oral EC as immediate treatment as well as referring the patient for Cu-IUD, in case it is not possible to access this service in the required time frame.
- If Cu-IUD is not appropriate or acceptable, patients should be advised that oral EC should be taken as soon as possible if there has been UPSI within the last 5 days.
- Patients should be advised that evidence suggests that **UPA-EC and LNG-EC are unlikely to be effective if ovulation has already occurred.**

UPA-EC is the most effective oral EC and should be considered as first line treatment, unless there are any contraindicating factors. It is licensed for use up to 120 hours post-UPSI.

LNG-EC may be considered first line if UPSI is unlikely to have occurred in a fertile period and quick starting of ongoing contraception is planned, patients with severe asthma managed by oral corticosteroids (UPA-EC is contraindicated in the circumstance), or a patient has recently taken a progestogen (e.g. missed pill). It is licensed for use up to 72 hours post-UPSI.

Comparative estimated efficacy of emergency contraceptive (EC) methods		
If 100 women have one episode of unprotected sex	**Days 9 – 18 of cycle**	**Days 1-8 or 19-28 of cycle**
Number of pregnancies if no EC used	20 – 30 pregnancies	2-3 pregnancies
Cu-IUD inserted before implantation i.e. Day 19, or < 120 hours after UPSI at any point in cycle	< 1 pregnancy	< 1 pregnancy
Levonorgestrel < 72 hours after UPSI	3-4 pregnancies	< 1 pregnancy
Levonorgestrel between 72 and 120 hours (unlicensed)	9 pregnancies	< 1 pregnancy
Ulipristal < 120 hours after UPSI	< 3-4 pregnancies	< 1 pregnancy

What advice should be given if patient is likely to have already ovulated at time of UPSI?

Cu-IUD can be used effectively as EC until Day 19 of a 28 day cycle, therefore should be advised as first line treatment.

Judging whether ovulation has occurred can be difficult, given that it can vary from patient to patient, month to month, and that the patient may not be aware when they ovulate.

EC can be offered on any day of a natural menstrual cycle, particularly if there is uncertainty as to whether ovulation has occurred, or if the patient requests treatment for peace of mind.

If the patient has ongoing concerns regarding their risk of conception, they should be referred to local Sexual Health Services.

What advice should be given to patients with a high Body Mass Index (BMI) regarding effectiveness of EC?

The effectiveness of Cu-IUD is not known to be affected by weight or BMI. The effectiveness of oral EC may be reduced in patients with a BMI > 26kg/m^2 or >70kg.

If CU-IUD is not indicated or not acceptable:

- Patients should be offered UPA-EC at normal 30mg dose.
- If this UPA-EC is not suitable, a double dose (3mg) of levonorgestrel is recommended. **Note this is an unlicensed indication.**

Can the patient be offered UPA-EC if they have taken a progestogen in the last 7 days?

If the patient has taken a progestogen in the last 7 days (as oral EC, regular contraception or a gynaecology prescription), the effectiveness of UPA-EC could theoretically be reduced by remaining circulating progestogen.

- Patients requesting EC due to contraceptive failure (CF) (i.e. missed pill) in the last 72 hours should be advised of this, and supplied LNG-EC if appropriate.
- If UPSI/CF has occurred between 72 – 120 hours and UPA-EC is supplied, the patient should be advised to stop taking their regular contraceptive for 5 days after taking UPA-EC to avoid compromising the ability of UPA-EC to delay ovulation.
    - Abstinence or a barrier method of contraception should be used for these 5 days, plus an additional further 7 days after re-starting the regular contraceptive (2 days if desogestrel POP is used).

What advice should be given if the patient has already had UPSI/CF (with or without oral EC) within the current cycle?

It may be more appropriate to refer these patients for review by GP or SHS for a review of their contraceptive options.

However, if clinically appropriate, or dictated by circumstance e.g. weekend/evening, oral EC can be offered to a patient if they have had UPSI earlier in the same cycle as well as within the last 5 days, as evidence suggests that they do not disrupt an existing pregnancy and are not associated with foetal abnormality.

If a patient has already taken UPA-EC, LNG-EC should NOT be taken in the following 5 days to avoid compromising the ability of UPA-EC to delay ovulation. UPA-EC could theoretically be less effective if taken in the following 7 days after taking any progestogen, therefore use of LNG-EC rather than UPA-EC may be considered.

Note: Some Health Boards stipulate in their PGD that LNG-EC can only be supplied once per cycle, but this varies across Scotland. **Please check the PGD issued by the Health Board you are working in.** Additional supplies within the same cycle could be sold if clinically appropriate.

What options are provided for patients with UPSI/CF more than 120 hours prior?

Following referral, sexual health practitioners may decide it is still appropriate for patients to receive Cu-IUD or oral EC. They can also discuss and supply more suitable ongoing contraception.

Why are patients who have given birth up to 3 weeks ago not suitable for oral EC?

Contraception is not required until Day 21 after childbirth. Patients should be reassured that they cannot become pregnant at this time.

What advice should be given to breastfeeding mothers regarding oral EC?

Breastfeeding is not recommended for 7 days following ingestion of UPA-EC. Advise the patient to express and discard the breast milk during this time.

There is limited evidence regarding the use of LNG-EC in breastfeeding, but there is no suggestion of adverse effects on breastfeeding or the infant.

Does oral EC affect the ability to drive or operate machinery?

UPA-EC (Ella One®) may have minor or moderate influence on the ability to drive or use machines as mild to moderate dizziness is a common side effect. Advise patients not to drive or operate machinery if they experience dizziness.

No studies of the effect on the ability to drive and use machines have been performed on LNG-EC.

Why is there a PGD for the supply of LNG-EC but not UPA-EC?

UPA-EC (Ella One®) is a Pharmacy Only medicine and therefore does not require a PGD to supply to patients. The PGD for LNG-EC allows access to the more cost effective Prescription Only Medicine products rather than supply the Pharmacy Only medicine Levonelle.

How long should written records of EC consultations be kept for?

Details of record keeping requirements can be found at:

Scottish Government. *Scottish Government Records Management.* Edinburgh 2020. Available at **SG-HSC-Scotland-Records-Management-Code-of-Practice-2020-v20200602.pdf** (Accessed 5th April 2024)

Record Type	Minimum retention period
Adult	6 years after date of last entry or 3 years after death if earlier.
Children's health records	Retain until the patient's 25th birthday or 26th birthday if the young person was 17 at the conclusion of treatment, or 3 years after death.

Are transgender patients eligible for EC?

Patients are eligible for oral EC if they are physiologically at risk of becoming pregnant (e.g. trans men) regardless of gender or physical appearance.

LNG-EC or UPA-EC can be used alongside hormones used for gender reaffirming treatment. These hormones are not being used as contraception and will not necessarily be sufficient to prevent pregnancy.

These patients will likely not have regular menstruation so a pregnancy test should be used to exclude pregnancy.

When in the menstrual cycle can Bridging Contraception be started?

When to start		Additional contraceptive precautions required?	Notes
Day in cycle when starting desogestrel			
• Day 1 - 5		No	
• Day 5 – end of cycle	"Quick start" possible if reasonably certain patient is not pregnant	Yes – for first 48 hours	Follow up pregnancy test at least 21 days after last UPSI See "What is Quick starting contraception" question in this document for further information
Following EHC			
• LNG - EC	Can be started / restarted immediately	Yes – for first 48 hours	Follow up pregnancy test at least 21 days after last UPSI
• UPA – EC	Delay starting for 5 days following EHC	Yes – for first 48 hours	Follow up pregnancy test at least 21 days after last UPSI
Changing from combined oral contraceptive (COC)			
	Can be started immediately providing COC has been taken consistently and correctly.	No	Pharmacist must be reasonably certain patient is not pregnant and there has been no risk of conception.
After birth			
• Up to Day 20		No	
• Day 21 onwards		Yes – for first 48 hours	
Following miscarriage or termination (surgical or 2nd part of medical termination)			
• On the day or up to 4 days following		No	
• Day 5 onwards		Yes – for first 48 hours	

Which conditions are classed as UKMEC 3 or UKMEC 4?

See **UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) - Faculty of Sexual and Reproductive Healthcare** (Accessed 16 September 2024) for further details.

Table 3: Medical conditions that are UKMEC3 or UKMEC4 for use of the progestogen-only pill[45]

Condition	UKMEC category for POP use	Comments
Current and history of ischaemic heart disease	UKMEC3 for continuation (UKMEC2 for initiation)	Duration of use of POP in relation to the onset of CVD should be carefully considered when deciding whether continuation of the method is appropriate (this is a precaution in case the POP somehow contributed to development of CVD)
History of stroke	UKMEC3 for continuation (UKMEC2 for initiation)	
Current breast cancer	UKMEC4	For individuals with a history of breast cancer, any decision to initiate hormonal contraception may be best made in consultation with their oncology team
Past breast cancer	UKMEC3	
Severe (decompensated) cirrhosis (associated with, eg, ascites, jaundice, encephalopathy or gastrointestinal haemorrhage)	UKMEC3	
Hepatocellular adenoma or carcinoma	UKMEC3	

Initiation: Starting a method by an individual with a specific medical condition.
Continuation: Continuing with the method already being used by anindividual who develops a new medical condition.
CVD, cardiovascular disease; POP, progestogen-only pill; UKMEC, UK Medical Eligibility Criteria for Contraceptive Use.

UKMEC	Definition of UKMEC category
Category 1	A condition for which there is no restriction for the use of the method.
Category 2	A condition where the advantages of using the method generally outweigh the theoretical or proven risks.
Category 3	A condition where the theoretical or proven risks usually outweigh the advantages of using the method. The provision of a method requires expert clinical judgement and/or referral to a specialist contraceptive provider, since use of the method is not usually recommended unless other more appropriate methods are not available or not acceptable.
Category 4	A condition which represents an unacceptable health risk if the method is used.

Which conditions are classed as UKMEC Category 2?

UKMEC Category 2 conditions – the advantages of using desogestrel generally outweigh the theoretical or proven risks. See **UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) - Faculty of Sexual and Reproductive Healthcare** (Accessed 16 September 2024) for further details.

When can a further 3 months of desogestrel be supplied to the same patient?

Professional decision making will be required to decide whether a second supply of 84 desogestrel tablets is appropriate. Consideration should be given to the patient's ability to access a continuing supply from an alternative source, as well as the risk of unplanned pregnancy.

What is “Quick starting” contraception?

FSRH Clinical Guideline: Quick Starting Contraception (April 2017) - Faculty of Sexual and Reproductive Healthcare

- Healthcare practitioners can be reasonably certain that a patient is not currently pregnant if any ONE or more of the following criteria are met and there are not signs or symptoms of pregnancy:
    - They have not had unprotected intercourse since the start of their last normal (natural) menstrual period, since childbirth, abortion, miscarriage, ectopic pregnancy or uterine evacuation for gestational trophoblastic disease.
    - They have been consistently and correctly using a reliable method of contraception (For the purposes of being reasonably certain that a patient is not currently pregnant, barrier methods of contraception can be considered reliable providing they have been used consistently and correctly for every episode of intercourse).
    - They are within the first 5 days of the onset of a normal (natural) menstrual period.
    - They are less than 21 days postpartum (non-breastfeeding women).
    - They are fully breastfeeding, amenorrhoeic AND less than 6 months postpartum.
    - They are within the first 5 days after abortion, miscarriage, ectopic pregnancy or uterine evacuation for gestational trophoblastic disease.
    - They have not had intercourse for > 21 days AND has a negative high-sensitivity urine pregnancy test (able to detect hCG levels around 20mlU/ml). (In pharmacy testing not required.)
    - If a patient wishes to wait to start contraception once pregnancy is excluded, they should be advised to do so following a negative pregnancy test no sooner than three weeks following the last episode of UPSI (Vaginal bleeding following EHC cannot be relied on as a marker of non-pregnancy).

- Additional contraception e.g., barrier method should be used for the first 2 days when desogestrel is started outwith the first 5 days of a normal menstrual period.
- When quick start is offered, the patient should be informed of the potential risks and advised to carry out a pregnancy test 21 days after last UPS.

What is the role of the community pharmacy in supporting people who disclose they have experienced rape or sexual assault?

At times of crisis many people struggle to identify services that may support them - this is particularly true in cases of sexual violence. For population groups who are further disadvantaged this may be compounded by barriers they already face in accessing care. The accessibility of community pharmacies could provide a valuable resource in supporting people who have experienced rape or sexual assault.

People who have experienced rape or sexual assault may need to access EHC and therefore attend their local pharmacy as a first step.

You may be seeing the person in the immediate aftermath of the rape, or asking if they are seeking EHC as a result of a sexual assault may lead to a disclosure of past abuse. Remember, people who have experienced rape or sexual assault can present in many different ways – upset, angry, completely calm, practical and business-like, distracted and dissociative, confused, or unsure of what actually happened.

What is routine enquiry?

Routine enquiry means asking everyone that attends the pharmacy for EHC if they are doing so as a result of a rape or sexual assault. This is regardless of whether there are any indicators or suspicions of abuse.

As up to 90% of EHC consultations take place in community pharmacies, this provides an opportunity to sensitively enquire whether the need for EHC is the result of assault and provide information and referral to other services if needed.

You may feel unsure about what to say during routine enquiry or following disclosure and are concerned about causing distress. This is understandable and reflects your care for your patients.

Routine enquiry of domestic abuse and/or sexual abuse is already established in maternity, sexual health, health visiting, substance misuse and mental health settings in recognition of the disproportionate number of women accessing these services who have experience of abuse.

It is important to think about when would be the most appropriate time during the consultation to ask the question? It's not the type of question that should be tagged on at the end of a consultation.

A useful way of introducing the question is to set out the context of why you are asking, letting them know it is routine and that everyone seeking EHC is being asked. Reassure them that it is not for the purposes of informing the police. See below for an example of how you can do this, however it is important that you find a form of words that you are comfortable with.

Setting the context: "We know that many people who are asking for EHC might be doing so because they didn't consent to the sexual act and are afraid they may become pregnant, so we're asking every woman who comes to us for contraception if this was the case."

Provide more information to help their understanding: "It doesn't have to have been forced or violent, because we know that for many women, they don't have a choice or they might be unable to say no because of the consequences."

Asking the question: "Did you consent to your last sexual contact?" or "Are any of these points something that has happened to you?".

Do not ask if:

- They cannot be seen on their own
- They don't have adequate language support (friends and family must not be used as interpreters)

- They are in distress or crisis
- They are too heavily under the influence of alcohol or drugs
- It would be unsafe for you or the person
- There is insufficient time to respond
- You cannot have a private, confidential space to hold the conversation

What do I do if someone discloses they have been raped or sexually assaulted during the EHC consultation?

Guidance is currently available on the "Right Decisions" website **Disclosure of rape or sexual assault (SARCS) | Right Decisions (scot.nhs.uk)**, which can be printed out for use in a pharmacy setting.

There is a training module for all healthcare professionals in responding to disclosures of rape and sexual assault currently in development. Details of this will be communicated to the community pharmacy network when it becomes available.

The revised EHC assessment form has space for the pharmacist to note whether there are any concerns in regard to unsafe relationships / adult protection issues or if there has been a disclosure of sexual assault / rape.

If available, you should provide the 'Turn to SARCS leaflet', as the person may not wish to take anything home with them.

What is a Sexual Assault Response Coordination Service (SARCS)?

A SARCS is a dedicated NHS service which provides the healthcare and support to people in the days after a rape or sexual assault.

Health Boards in Scotland have a statutory duty to provide forensic medical services to people who have experienced rape or sexual assault. The details of this duty are laid out in the **Forensic Medical Service (Victims of Sexual Offences) (Scotland) Act 2021 (FMS Act).**

The FMS Act also allows for people aged 16 years and over to self-refer to a SARCS for a forensic medical examination (FME), subject to professional judgement. This means that people can access a FME and healthcare at a SARCS, without first having to make a report to the police.

There is a SARCS in every Health Board area. You should familiarise yourself with the contact details / location of the centre closest to where you practise.

Further information on SARCS can be accessed at **Turn to SARCS | NHS inform**

As part of the 'Turn to SARCS' national awareness raising campaign, several information videos were developed to explain the role of SARCS:

- **Turn to SARCS promotional video Turn to SARCS (YouTube)**
- **What is a SARCS and how can it help? – (YouTube)**
- **How can the NHS Sexual Assault Response Coordination Service (SARCS) help me? (youtube.com)**

Are there leaflets available to give patients?

Patients can be directed to:

Contraception | NHS inform

Emergency contraception | Contraception Choices

Emergency contraception | NHS inform

How do I claim for EHC or Bridging Contraception services?

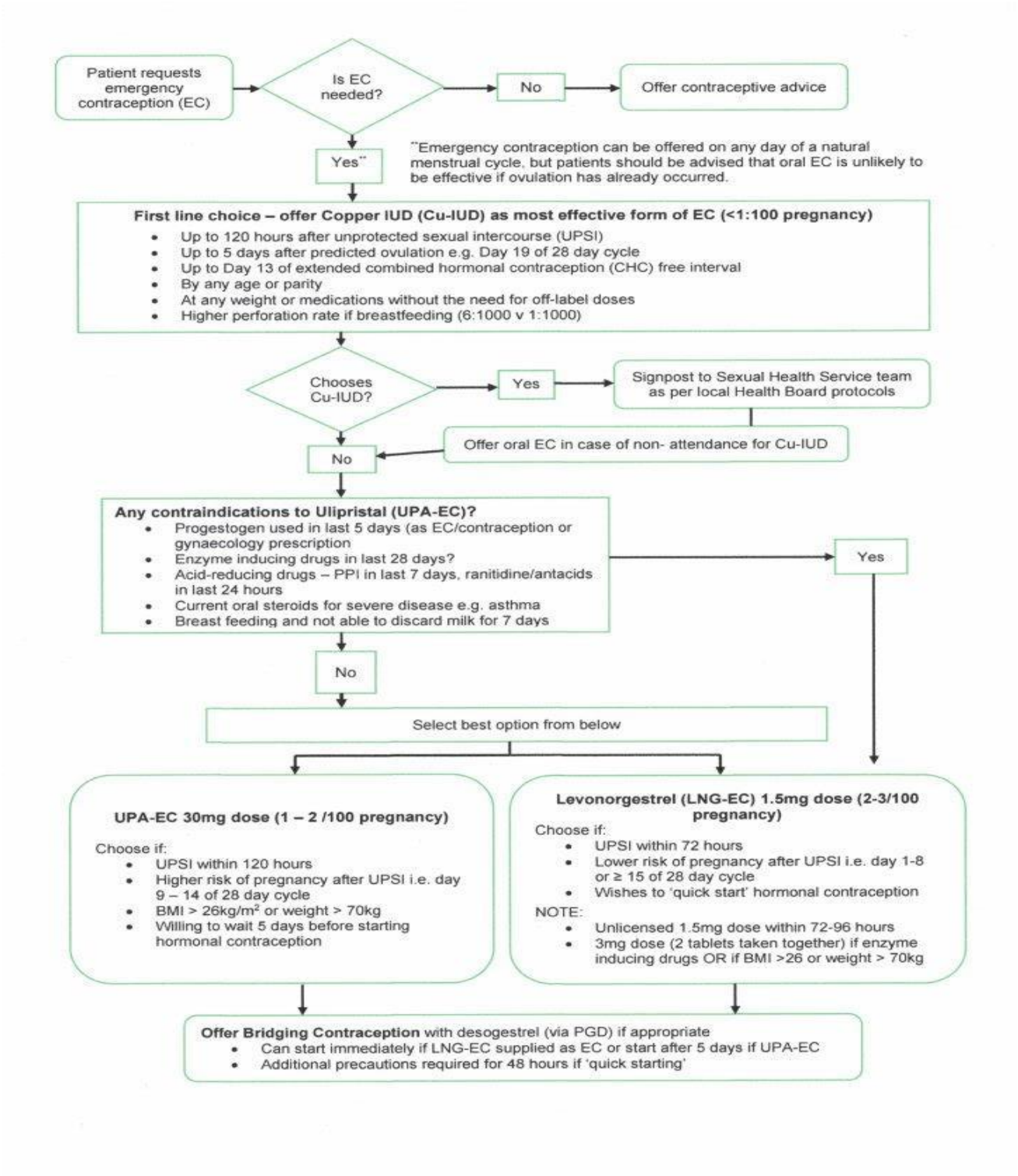
Claims for both EHC and Bridging Contraception should be submitted via Universal Claim Form (UCF) system.

EHC – as part of the update to the EHC service specification, payment will now be made for the completion of a consultation rather than just on supply.

Service	Claim options		
EHC	Advice only	Treatment supplied	Refer to other healthcare professional
Bridging Contraception	Advice only	Treatment supplied	Refer to other healthcare professional
EHC + Bridging Contraception	This option has been removed from PMR systems. Claims should be processed separately under each element rather than using the joint option.		

Flowchart for Emergency Contraception (EC)

Ulipristal Acetate (UPA-EC) versus Levonorgestrel (LNG-EC) if Copper IUD (Cu-IUD) is not appropriate or acceptable.



Annex E

Provision of Emergency Contraception (and Bridging Contraception – where appropriate) from Community Pharmacies in NHS Scotland – Assessment Form

To be used in conjunction with supporting guidance on providing Emergency Hormonal Contraception using ulipristal 30mg (Ella One®) or levonorgestrel (via PGD) and Bridging Contraception using desogestrel (via PGD).

Patient name	Click or tap here to enter text.	Date of consultation	Click or tap to enter a date.
Patient address	Click or tap here to enter text.		
Patient CHI / Date of birth	Click or tap here to enter text.	Age	Click or tap here to enter text.

Reason for request of emergency contraception					
Unprotected sexual intercourse (UPSI) ☐		Contraceptive failure ☐		Other: Click or tap here to enter text.	
Date of UPSI	Click or tap to enter a date.	Time of UPSI	Click or tap here to enter text.	Time since UPSI (hours)	Click or tap here to enter text.

History				
Day 1 of last menstrual period (LMP)	Click or tap to enter a date.	If there has been another episode of UPSI was LNG-EC or UPA-EC taken since LMP?	LNG-EC	☐
			UPA-EC	☐
		Consult local Health Board guidelines on repeat supply in same menstrual cycle.		
Is LMP regular?	Yes ☐ No ☐	Pregnancy test taken? (Test should be done if period is late, LMP unsure or LMP unusual)	Yes	Positive ☐
Average length of cycle (days)?	Click or tap here to enter text.			Negative ☐
Any other episodes of UPSI since LMP?	Yes ☐ No ☐		No	☐

Medical history	**Yes**	**No**	**Action/information**
Known allergy to UPA-EC or LNG-EC?	☐	☐	If allergic to both, advise Cu-IUD and refer for fitting. If declined, refer to GP or Sexual Health Service (SHS)
Current unexplained vaginal bleeding	☐	☐	If yes, refer to SHS or GP.
Progestogen or levonorgestrel taken in last 7 days?	☐	☐	If yes, UPA-EC is less effective, advise Cu-IUD or use LNG-EC
BMI >26kg/m^2 or > 70kg in weight	☐	☐	If yes, advise Cu-IUD (first line), UPA-EC if suitable or LNG-EC 3000 microgram dose (unlicensed).
Currently breastfeeding?	☐	☐	Not affected by Cu-IUD or LNG-EC. Advise to discard breast milk for 7 days after UPA-EC use.
Current severe disease treated with oral glucocorticoids e.g. asthma?	☐	☐	If yes UPA-EC not suitable, consider LNG-EC if UPSI is <72 hours or refer to GP or SHS if greater.
Severe malabsorption syndrome e.g. Crohn's disease or severe diarrhoea?	☐	☐	If yes signpost for Cu-IUD as LNG-EC and UPA-EC may be less effective.
Porphyria?	☐	☐	If yes UPA-EC is not suitable – advise Cu-IUD or use LNG-EC.
Currently taking medicines that increase gastric pH?	☐	☐	UPA-EC will have a reduced effect if PPI taken in the last 7 days or H2 antagonist or antacid taken within the last 24 hours.
Currently taking enzyme inducing medication including St. John's Wort?	☐	☐	If yes UPA-EC is not suitable. The only licensed option is an IUD or consider LNG-EC 3000 microgram dose (unlicensed).
Other significant drug interactions?	☐	☐	If interaction cannot be managed, then refer to SHS or relevant specialist.

Refer to flowchart in supporting guidance for choice of UPA-EC/LNG-EC/Cu-IUD depending on the answers provided above.

Are there any concerns in regard to unsafe relationships/adult protection issues or disclosure of sexual assault/rape?	Yes ☐	No ☐	If yes, provide information on how to access SARCS and local support. Give "Turn to SARCS" leaflet/card with QR code if available

Provision of Emergency Contraception (and Bridging Contraception – where appropriate) from Community Pharmacies in NHS Scotland – Assessment Form

Additional questions for 13 -15-year-olds, or under 18 years in care to exclude child sexual abuse and exploitation							
Explained confidentiality and limits		*Yes* ☐	*No* ☐				
Who is with the patient?	Click or tap here to enter text.			*Who knows where the patient is?*	Click or tap here to enter text.		
Attends school?	*Yes* ☐	*No* ☐		*Concerns re drugs/alcohol?*	*Yes* ☐	*No* ☐	
How old is the person, or are the persons you are having sex with?	Click or tap here to enter text.			*If there is an age gap of over 24 months between the individual and the person(s) they have had sexual contact with – follow local Health Board Child Protection Policies*			
Have you ever been made to do something sexual that you didn't want to do?		*Yes* ☐	*No* ☐	*If yes to any follow local Health Board Child Protection Policies*			
Have you ever been made to feel scared or uncomfortable by the person/s you have been having sexual contact with?		*Yes* ☐	*No* ☐				
Has anyone ever given you something like gifts, money, drugs, alcohol or protection for sex?		*Yes* ☐	*No* ☐				
Patient is under 16 and assessed as competent to consent under the Fraser Guidelines?				*Yes* ☐	*No* ☐		

Counselling checklist to be discussed prior to treatment

Cu-IUD discussed as most effective 1st line option	☐	If oral EC fails, no evidence of harm to pregnancy	☐
Mode of action, efficacy and failure rates	☐	Return if further episode of UPSI	☐
Explain common side effects	☐	When to seek medical advice (i.e. if severe abdominal pain occurs)	☐
Return for repeat dose if vomiting occurs within 2 hours of taking LNG-EC or 3 hours of taking UPA-EC	☐	Take pregnancy test if no normal menstrual period occurs within 3 weeks of UPSI	☐
Next period may be a little early or late and light bleeding may occur over next few days (not to be counted as a period)	☐	Patient issued with PIL	☐

Regular contraception advice (where appropriate)							
Current contraception (please circle)							
COC	POP	Patch	Injection	Implant	IUD	Condoms	Other

Bridging Contraception / Quick start contraception discussed	Yes ☐ No ☐	Barrier method contraception discussed	Yes ☐ No ☐
Client declined ongoing contraception/advice	☐		

Planned treatment			
Cu-IUD has been offered to client	☐	Too late for any EC (refer to SHS or GP)	☐
UPA-EC 30mg as single dose Batch no: Expiry date: / /	☐	Too late for UPA-EC or LNG-EC / not indicated but declines Cu-IUD (refer to SHS or GP)	☐
LNG-EC 1500mcg as single dose (via PGD) Batch no: Expiry date: / /	☐	LNG-EC 3000mcg as single dose (via PGD) – **unlicensed** Batch no: Expiry date: / /	☐
No EC required	☐	**Referral** SHS ☐ OOH ☐ GP ☐	

Sexually transmitted infections (STI) where appropriate		
STI risk discussed	Yes ☐	No ☐
How / where to access testing / treatment discussed	Yes ☐	No ☐
14-day window for chlamydia, gonococcal, trichomoniasis	Yes ☐	No ☐
3-month window for syphilis, hepatitis B, C and HIV	Yes ☐	No ☐

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 the Community Pharmacy Public Health Service to provide the most appropriate advice and/or treatment for me. I have been informed of how my data will be stored and who will be able to access that information, as well as how it may be used.	Consent received ☐

Pharmacist name	Click or tap here to enter text.	Date	Click or tap to enter a date.
Pharmacist signature		GPhC number	Click or tap here to enter text.

BRIDGING CONTRACEPTION

(Patient details only need to be completed if not following on from EHC consultation).

Patient name	Click or tap here to enter text.	Date of consultation	Click or tap to enter a date.
Patient address	Click or tap here to enter text.		
Patient CHI/Date of birth	Click or tap to enter a date.	GP practice (Patient is aware that GP practice will be informed if medication supplied ☐)	Click or tap here to enter text.

Is patient over 13 years and under 55 years and competent to consent to treatment?	Yes	☐	**Proceed with consultation**
	No	☐	Under 13 years / Child protection issues: **Follow local Health Board Child Protection Policies** Not competent to consent: **Refer to appropriate practitioner**
Does patient meet eligibility criteria? (this now mirrors NHS PFS)	Yes	☐	**Proceed with consultation**
	No	☐	**Refer to appropriate practitioner to obtain supply** (e.g. local Sexual Health Services (SHS), GP practice)
Has patient also received EHC from you today?	Yes	☐	EHC plus bridging contraception consultation
	No	☐	Bridging contraception only

Patient clinical picture and related appropriate actions

Criteria for exclusion	Yes	No	Action / information
Known or possible pregnancy? If menstrual period is late, or in case of symptoms of pregnancy, pregnancy should be excluded before desogestrel is supplied. *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.*	☐	☐	If YES, do not use PGD until pregnancy is excluded or refer to GP/SHS.
Patient already received maximum 6-month supply of desogestrel from community pharmacy?	☐	☐	If YES, do not use PGD and refer to GP/SHS.
Patient currently using regular hormonal contraception?	☐	☐	If YES, do not use PGD and follow “missed pill” guidance. *However, if next contraceptive injection is overdue or patient has run out of tablets, supply of desogestrel may be appropriate.*
Unexplained vaginal bleeding?	☐	☐	If YES to any, do not use PGD and refer to GP/SHS.
Hypersensitivity to the active substance or any of the excipients? (some generic desogestrel products contain soya and/or peanut oil)	☐	☐	
Current or previous history of ischaemic heart disease, vascular disease, stroke or transient ischaemic attack (only if taking this method when the event occurred)?	☐	☐	
Has severe liver cirrhosis with abnormal LFTs or a liver tumour (adenoma or carcinoma)?	☐	☐	
Has or had a known hormone dependent malignancy e.g. breast cancer?	☐	☐	
Has known acute porphyria?	☐	☐	
Currently using enzyme-inducing drugs / herbal products or within 4 weeks of stopping them?	☐	☐	
Concomitant use of other medications with clinically significant interactions?	☐	☐	

Provision of Emergency Contraception (and Bridging Contraception – where appropriate) from Community Pharmacies in NHS Scotland – Assessment Form

Suitability of desogestrel?	Yes	No	Actions
Provide information for all options for contraception e.g. condoms, POP, COC, LARC (implant, IUD, injection)	☐	☐	
Discuss the benefits of desogestrel – reduced risk of pregnancy, reduces number of appointments needed to commence effective contraception	☐	☐	
Discuss the possible adverse effects of desogestrel • Change of bleeding patterns (irregular/amenorrhoea) • Nausea and vomiting • Breast tenderness • Dizziness, headache, depression • Changes in body weight and libido	☐	☐	
Date on which last menstrual period started	☐	☐	Click or tap to enter a date.
Is supply of desogestrel being introduced by 'quick starting'?	☐	☐	If YES, inform patient that this is not within SPC for desogestrel

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 Bridging Contraception Service

Patient advice checklist

Advice	Provided (tick as appropriate)
Mode of action discussed? • Primarily works by inhibiting ovulation • Also, can increase viscosity of cervical mucus	☐
Efficacy and failure rate discussed? • If used consistently and correctly – over 99% effective • Desogestrel inhibits ovulation in 97% cycles	☐
When to take medication discussed? • Take at same time each day • If > 12 hours late (>36 hours since last pill) – classed as missed pill	☐
Missed pills and emergency contraception discussed? • 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	☐
Possible interactions discussed e.g. prescription medication, herbal remedies, laxatives?	☐
Sick day rules • 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	☐

Extra precautions and pregnancy test (if required) discussed? • 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	☐
Follow up discussed? • 3-month supply – patient to arrange contact with GP practice / Sexual Health Services as soon as possible for continuing contraception	☐
Sexually transmitted infections discussed and how to access screening if appropriate? • Reminder that desogestrel does not protect from STIs • Advice on how to access condoms in local area	☐
Written patient information issued, or patient directed to online information? • 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)	☐

PHARMACIST INFORMATION ONLY (if not already covered in EHC consultation)

Has the patient said anything during the consultation which gives you concern about the possibility of non-consensual sex?	Yes ☐	No ☐	If yes, provide information on how to access SARCS and local support. Give "Turn to SARCS" leaflet/card with QR code if available Signpost to relevant support networks e.g. Gender based violence teams in local Health Board If yes, follow local Health Board Child Protection Policies where appropriate

Communication

Contact made with:	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, Child protection team	Click or tap here to enter text.

Details of medication supplied and pharmacist supplying under the PGD

Medication supplied	Desogestrel 75 micrograms x 84 tablets	
	Batch number Click or tap here to enter text.	Expiry date Click or tap to enter a date.
	First 3-month supply ☐	Second 3-month supply ☐

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 the Community Pharmacy Public Health Service to provide the most appropriate advice and/or treatment for me. I have been informed of how my data will be stored and who will be able to access that information, as well as how it may be used.	Consent received ☐

Pharmacist name	Click or tap here to enter text.	Date	Click or tap to enter a date.
Pharmacist signature		GPhC number	Click or tap here to enter text.