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

NHS Lothian PGD 543 v1.0

(National Version 2.0)

Valid from: 1 November 2024

Expiry: 17 September 2027

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”.

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.

Version	Date	Summary of changes

		• 3.6 Additional facilities:
		  ○ 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

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Authorisation

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

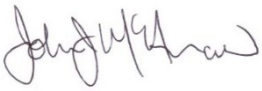
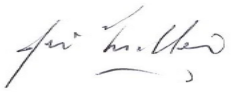
PGD desogestrel tablets

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 Lothian by:

Medical Director (Name / Signature)

Tracey Gillies

Director of Pharmacy (Name / Signature)

Scott Garden

Clinical Governance Lead (Name / Signature)

Emma Morrison

Date approved: 28/10/2024

Effective from: *01 November 2024*

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)

PGD FOR THE SUPPLY OF DESOGESTREL TABLETS BY COMMUNITY PHARMACISTS UNDER THE "COMMUNITY PHARMACY PUBLIC HEALTH" SERVICE

This PGD does not remove professional obligations and accountability.

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.

Authorised staff should be provided with an individual copy of the clinical content of the PGD and a copy of the document showing their authorisation.

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

I have read and understood the PGD authorised by each of the NHS Boards I wish to operate in and agree to provide desogestrel tablets only in accordance with the specific PGD.

Name of Pharmacist _____ GPhC Registration Number _____

Normal Pharmacy Location

(Only one Pharmacy name and contractor code is required for each Health Board area where appropriate. If you work in more than 3 Health Board areas, please use additional forms.)

Name of Pharmacy	Contractor Code	Health Board
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.

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

Locum ☐ Employee ☐ Manager ☐ Owner ☐

Signature _____ Date _____

Please complete form, sign and send to each Health Board you work in.
E mail and postal addresses are given overleaf.

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”.

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		• 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:
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		• 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