# 6 Board Badge.jpg

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

# Patient assessment form

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Name:** | Click or tap here to enter text. | **Date of Birth /CHI:** | Click or tap here to enter text. |
| **Patient Address (including postcode):** | Click or tap here to enter text. | **GP name and practice address:** | Click or tap here to enter text. |
| **Date of assessment:** | Click or tap to enter a date. | **Patient consents to GP being informed:** | Yes ☐ No ☐ |
| **For 13- 18 year olds or vulnerable adults (poor mental health, drugs or alcohol issues, GBV etc): patient consents to local SEXUAL HEALTH SERVICE being informed to arrange follow up (pregnancy test, STI screen or testing, further contraception discussion and supply)** | | | Yes ☐ No ☐ |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is patient aged between 13 and 55 years and competent to consent? | YES | **☐** | | **Proceed with consultation** | | | |
| NO | **☐** | | Under 13 years or other child protection or welfare concerns: **Follow local Health Board Child Protection Policies**  Not competent to consent: **Refer to appropriate practitioner** | | | |
| **Additional questions for 13- 15 year olds, or under 18 year olds in care to exclude child sexual abuse and exploitation.** *A child protection concern is not an exclusion criteria for the PGD as the pregnancy risk might continue.* | | | | | | | |
| How old is the person or are the persons you are having sex with? | | |  | | | If there is an age gap over 2 years (24 months) between the patient and the person(s) they have 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?  Have you ever been made to feel scared or uncomfortable by the person/s you have been having sexual contact with? | | | YES | | **☐** | If the patient says yes –  **Follow local Health Board Child Protection Policies** | |
| NO | | **☐** |
| Has anyone ever given you something like gifts, money, drugs, alcohol or protection for sex? | | | YES | | **☐** | If the patient says yes -  **Follow local Health Board Child Protection Policies** | |
| NO | | **☐** |
| Is patient registered with a GP practice in Scotland | | | YES | | **☐** | **Proceed with consultation** | |
| NO | | **☐** | **Refer to appropriate practitioner to obtain supply** (e.g. local Sexual Health Services) | |
| Has patient also received EHC from you today? | | | YES | | EHC plus bridging contraception | | **☐** |
| NO | | Bridging contraception only | | **☐** |

BRIDGING CONTRACEPTION

## Patient clinical picture and related appropriate actions

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **SUITABILITY OF DESOGESTREL?** | **Yes** | **No** | **Actions** |
| Discuss all options for contraception e.g. condoms, POP, COC, LARC (implant, IUD, injection) | ☐ | ☐ |  |
| 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 the SPC for desogestrel |
| Gain informed consent to treatment with desogestrel from patient | ☐ | ☐ | If NO, do not treat and refer |

### **Preparation options and supply method**

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

**Patient advice checklist**

|  |  |
| --- | --- |
| **Advice** | **Provided**  **(tick as appropriate)** |
| Mode of action discussed?   * 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 * **Under 18 or vulnerable adult: promote follow up by Sexual Health Service for pregnancy testing, STI screening or testing, further contraception counselling or LARC (long-lasting reversible contraception) supply (see referral form)** | ☐  ☐ |
| 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**  Has the patient said anything during the consultation which gives you concern about the possibility of non-consensual sex?   * Apply local Child Protection procedures if 13- 15 or under 18 and in care. This should be first discussed with the patient, but their consent is not required before informing the appropriate services. * Signpost to relevant support networks e.g. Gender based violence teams in local Health Board | ☐ |

**Communication**

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

## Details of medication supplied and pharmacist supplying under the PGD

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication supplied | Click or tap here to enter text. | | | |
| First 3 month supply | ☐ | Second 3 month supply | ☐ |
| Batch number and expiry | Click or tap here to enter text. | | | |
| Print name of pharmacist | Click or tap here to enter text. | | | |
| Signature of pharmacist | Click or tap here to enter text. | | | |
| GPhC registration number | Click or tap here to enter text. | | | |

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

# Notification of supply from community pharmacy to GP practice

**CONFIDENTIAL WHEN COMPLETED**

Data protection confidentiality note: this message is intended only for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

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

Following assessment (Tick as appropriate)

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

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

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

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

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

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

# Notification of supply from community pharmacy to local Sexual Health Service to arrange follow up

# for under 18 year old patients or vulnerable adults

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|  |  |  |  |
| --- | --- | --- | --- |
| Sexual Health Service name | Click or tap here to enter text. |  | Pharmacy Stamp |
| Address | Click or tap here to enter text. |  |  |
| Click or tap here to enter text. |  |
| The following patient has attended this pharmacy for assessment and potential supply of desogestrel POP: | |  |
| Patient name | Click or tap here to enter text. |  |
| Date of birth/CHI | Click or tap here to enter text. |  | Pharmacist name  Click or tap here to enter text. |
| Patient address | Click or tap here to enter text.  Click or tap here to enter text. |  |
|  | GPhC number Click or tap here to enter text. |
| Postcode |  |  | DateClick or tap to enter a date. |
| Mobile number |  |  |  |
| Landline number |  |  |  |
| Any additional requirements  (interpreter etc.): |  |
| GP name | Click or tap here to enter text. |
| GP practice address | Click or tap here to enter text.  Click or tap here to enter text. |

* The client is consenting to be contacted by the Sexual Health Service phone call (mobile)/ phone call (landline)/ by letter.

*Please delete any mode of communication the patient is NOT consenting to.*

Please arrange a follow up appointment for this patient at your clinic for:

* pregnancy testing
* STI screening or testing
* further contraceptive counselling
* further contraception supply
* other (please specify):

Following assessment (Tick as appropriate)

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

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

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

This form should now be sent to the local Sexual Health Service and a copy retained in the pharmacy



**Additional Information about confidentiality to patients requesting the POP or EC between 13 and 15:**

“If you're between 13 to 15, you have the same rights to confidentiality as an adult and the pharmacist won't tell your parents, or anyone else, as long as they believe that you fully understand the information and decisions involved. They'll encourage you to consider telling your parents or carers, but they won't make you.

Even if the pharmacist feels that you're not able of making a decision yourself, the consultation will still be confidential. They won't tell anyone that you saw them, or anything about what you said.

The only time a professional might want to tell someone else is if they believe there is a risk to your safety or welfare, such as abuse, or to the safety of someone else. The risk would need to be serious, and they would usually discuss this with you first”.