NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

Patient Group Direction For Supply Of Combined Hormonal Contraceptive Transdermal Patch (CHC) For Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles

Lead Author: Adapted from FSRH/SPS Supply of combined hormonal contraceptive transdermal patch version 2.1 - Publication date April 2023		**Approver:** NoS PGD Group **Authorisation:** NHS Grampian
Signature: 		**Signature:** 
NoS Identifier: NoS/PGD/CHC_Patch/ 1447	**Review Date:** September 2025 **Expiry Date:** March 2026	**Date Approved by NoS:** 29th April 2024

NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles have authorised this Patient Group Direction to help individuals by providing them with more convenient access to an efficient and clearly defined service within the NHS Boards. This Patient Group Direction cannot be used until Appendix 1 and 2 are completed.

Uncontrolled when printed

Version 2.1

Revision History for NoS:

NoS PGD that has been superseded	NoS/PGD/CHC_Patch/MGPG1168, Version 1

Date of change	Summary of Changes	Section heading
June 2023	Reference to NoS Appendix 1 and 2.	Authorisation
June 2023	Statement added in about nurses being registered by the NMC.	Professional registration
June 2023	Removed SPS advised training and added TURAS NoS PGD training link added.	Initial Training
June 2023	Added in statement about capacity under the age of 13 and the legislation statement added.	Criteria for inclusion
June 2023	NICE Competency framework statement removed.	Competency assessment
June 2023	Added clinical systems utilised.	Records
September 2023	Link added for FSRH training.	Initial training
February 2024	Local authority statement removed.	Qualifications and professional registration
April 2024	Additional information about pregnancy testing at 4 weeks after quick starting added.	Dose and frequency of administration
April 2024	Removed bariatric surgery and malabsorption as the patch avoids the GI tract.	Exclusion criteria

FSRH/SPS most recent changes

Version and Date	Change details
Version 1 April 2020	New template.
Version 1.1 November 2020	Minor rewording and highlighting of contents cautions section relating to individuals for whom pregnancy presents an unacceptable risk and those on a pregnancy prevention plan. Acute porphyria added to exclusion criteria.
Version 1.2 March 2022	Addition of vaping/use of e-cigarettes where reference to smoking within PGD. Following exclusion criteria updated from 3-6 weeks to less than 6 weeks: Not breastfeeding and less than 6 weeks post-partum with other risk factors for venous thromboembolism (VTE).

Version 2.0 April 2023	Updated template – amended references and minor editing and wording changes/clarifications.
Version 2.1 April 2023	Addition of omitted exclusion criteria - Individual weighing 90kg or above.

Review date: The review date for a PGD needs to be decided on a case-by-case basis in the interest of safety. The expiry date should not be more than 3 years, unless a change in national policy or update is required.

Authorisation

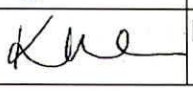
This specimen Patient Group Direction (PGD) template has been produced by SPS/FSRH and adapted by North of Scotland PGD Group (NoS) to assist NHS Boards. NHS Boards should ensure that the final PGD is considered and approved in line with local clinical governance arrangements for PGDs.

The qualified health professionals who may supply medicines under this PGD can only do so as named individuals. It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with their own Code of Professional Conduct and to ensure familiarity with the manufacturer's product information/Summary of Product Characteristics (SmPC) 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 medicines has to be by the same practitioner who has assessed the patient under the PGD.

All authorised staff are required to read the PGD and sign the Agreement to supply Medicines under PGD (Appendix 1).

A Certificate of Authorisation (Appendix 2) signed by the authorising professional/manager should be supplied. This should be held in the individual health professional's records, or as agreed within the individual Health Board.

This PGD has been produced for NoS by:					
Doctor	Dr Sarah Wallage	Signature		Date Signed	05/04/2024
Pharmacist	Joanne Adam	Signature		Date Signed	10/04/2024
Nurse	Kimberley MacInnes	Signature		Date Signed	05/04/2024

Approved for use within NoS by:

NoS Group Chair	**Signature**	**Date Signed**
Lesley Coyle		15/04/2024

Authorised and executively signed for use within NoS by:

NHS Grampian Chief Executive	**Signature**	**Date Signed**
Adam Coldwells – Interim Chief Executive		29/04/2024

Version 2.1 Approved for NoS from 29th April 2024

PGD DEVELOPMENT GROUP

Date PGD template comes into effect:	April 2023
Review date	September 2025
Expiry date:	March 2026

This PGD template has been peer reviewed by the Reproductive Health PGDs Short Life Working Group in accordance with their Terms of Reference. It has been approved by the Faculty for Sexual and Reproductive Health (FSRH) in November 2022.

Name	Designation
Dr Cindy Farmer	Vice President, General Training Faculty of Sexual and Reproductive Healthcare (FSRH)
Michelle Jenkins	Advanced Nurse Practitioner, Clinical Standards Committee, Faculty of Sexual and Reproductive Healthcare (FSRH)
Vicky Garner	Deputy Chief Midwife British Pregnancy Advisory Service (BPAS)
Gail Rowley	Quality Matron British Pregnancy Advisory Service (BPAS)
Katie Girling	British Pregnancy Advisory Service (BPAS)
Julia Hogan	CASH Nurse Consultant MSI Reproductive Choices
Kate Devonport	National Unplanned Pregnancy Advisory Service (NUPAS)
Chetna Parmar	Pharmacist adviser Umbrella
Helen Donovan	Royal College of Nursing (RCN)
Carmel Lloyd	Royal College of Midwives (RCM)
Clare Livingstone	Royal College of Midwives (RCM)
Kirsty Armstrong	National Pharmacy Integration Lead, NHS England
Dipti Patel	Local authority pharmacist
Emma Anderson	Centre for Pharmacy Postgraduate Education (CPPE)
Dr Kathy French	Specialist Nurse
Dr Sarah Pillai	Associate Specialist
Alison Crompton	Community pharmacist
Andrea Smith	Community pharmacist
Lisa Knight	Community Health Services pharmacist
Bola Sotubo	NHS North East London ICB pharmacist
Tracy Rogers	Director, Medicines Use and Safety, Specialist Pharmacy Service
Sandra Wolper	Associate Director Specialist Pharmacy Service
Jo Jenkins (Working Group Co-ordinator)	Lead Pharmacist PGDs and Medicine Mechanisms Specialist Pharmacy Service

1. Characteristics of staff

Qualifications and professional registration	Registered nurses and midwives as recognised by the Nursing and Midwifery Council (NMC).
Initial training	The registered healthcare professional authorised to operate under this PGD must have undertaken appropriate education and training and successfully completed the competencies to undertake clinical assessment of individuals ensuring safe provision of the medicines listed in accordance with local policy. Suggested requirement for training would be successful completion of a relevant contraception module/course accredited or endorsed by the FSRH, CPPE or a university or as advised in the RCN training directory. • Education and Training - Faculty of Sexual and Reproductive Healthcare (fsrh.org) Have undertaken NoS PGD module training on TURAS Learn. The healthcare professional has completed locally required training (including updates) in safeguarding children and vulnerable adults or level 2 safeguarding or the equivalent.
Competency assessment	• Individuals operating under this PGD must be assessed as competent (see Appendix 1 and Appendix 2) or complete a self-declaration of competence for contraception supply.
Ongoing training and competency	• Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines and guidance included in the PGD - if any training needs are identified these should be addressed and further training provided as required. • Organisational PGD and/or medication training as required by employing Trust/organisation.
The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policies.	

2. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	• Contraception.
Criteria for inclusion	• Individual (age from menarche to up to 50 years) presenting for contraception. • Consent given. • Aged 13 years and over*. All individuals under the age of 18 years - follow local young person's risk assessment or equivalent local process. • An individual under 16 years of age may give consent for the supply of CHC Transdermal Patch, provided they understand fully the benefits and risks involved. The individual should be encouraged to involve a parent/guardian, if possible, in this decision. Where there is no parental involvement and the individual indicates that they wish to accept the supply, supply should proceed, if the healthcare professional deems the individual to have the legal capacity to consent. The Age of Legal Capacity (S) 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 a qualified medical practitioner attending them, they are capable of understanding the nature and possible consequences of the procedure or treatment. • A recent, accurate blood pressure recording and BMI should be documented for all individuals prior to first CHC supply and repeated for each subsequent supply. In exceptional circumstances, such as the COVID-19 pandemic, where a remote consultation has to take place and it is not possible to obtain a BP or BMI then the 'FSRH clinical advice to support provision of effective contraception during the COVID-19 outbreak' or equivalent should be used for assessing whether a client is suitable to receive treatment under this PGD. See https://www.fsrh.org/documents/fsrh-ceu-clinical-advice-to-support-provision-of-effective/
Criteria for exclusion	• Consent not given. • Individuals under 16 years of age and assessed as not competent using Fraser Guidelines. • Individuals 16 years of age and over and assessed as lacking capacity to consent.

	• Established pregnancy. Note - risk of pregnancy with a negative pregnancy test is not an exclusion. • Known hypersensitivity to an active ingredient or to any constituent of the product - see Summary of Product Characteristics. • Less than 21 days after childbirth (for deliveries over 24 weeks gestation). • Breastfeeding and less than six weeks postpartum. • Not breastfeeding and less than 6 weeks post-partum with other risk factors for venous thromboembolism (VTE). • Individuals aged 50 years and over. • Individual weighing 90kg or above. • Significant or prolonged immobility. **Cardiovascular disease** • Individuals aged 35 years or more who currently smoke or stopped smoking less than one year ago (this includes vaping and the use of e-cigarettes). • Body Mass Index (BMI) equal to or greater than 35kg/m^2. • Blood pressure greater than 140/90mmHg or controlled hypertension. • Multiple risk factors for cardiovascular disease (CVD) (such as smoking (includes vaping/use of e-cigarettes), diabetes, hypertension, obesity and dyslipidaemias). • Current or past history of ischaemic heart disease, vascular disease, stroke or transient ischaemic attack. • Current or past history of venous thromboembolism. • Complicated valvular or congenital heart disease, e.g. pulmonary hypertension, history of subacute bacterial endocarditis. • First degree relative with venous thromboembolism which first occurred when they were under 45 years of age. • Known thrombogenic mutations e.g. factor V Leiden, prothrombin mutation, protein S, protein C and antithrombin deficiencies. • Cardiomyopathy with impaired cardiac function. • Atrial fibrillation. **Neurological Conditions** • Current or past history of migraine with neurological symptoms including aura at any age. • Migraine without aura; when first attack occurred on a method of contraception containing an estrogen.

Cancers

- Past or current history of breast cancer.
- Undiagnosed breast mass (for initiation of method only).
- Carrier of known gene mutations associated with breast cancer, e.g. BRCA1 or 2.
- Malignant liver tumour (hepatocellular carcinoma).

Gastro-intestinal Conditions

- Viral hepatitis, acute or flare (for initiation only).
- Benign liver tumour (hepatocellular adenoma).
- Severe decompensated cirrhosis.
- Gallbladder disease; currently symptomatic or medically managed.
- Cholestasis (related to past combined hormonal contraceptive use).

Other conditions

- Imminent planned major surgery (CHC should be stopped at least 4 weeks prior to planned major surgery or expected period of limited mobility).
- Diabetes with end organ disease (retinopathy, nephropathy, neuropathy).
- Positive anti-phospholipid antibodies (with or without systemic lupus erythematosus).
- Organ transplant, with complications.
- Known severe renal impairment or acute renal failure.
- Acute porphyria.

Medicines

- Individuals using enzyme-inducing drugs/herbal products or within 4 weeks of stopping them.
- Interacting medicines (other than enzyme inducers), including any medicines purchased – see current British National Formulary (BNF) www.bnf.org or individual product SPC http://www.medicines.org.uk

*Children under the age of 13 years should not be treated under this PGD. (The child protection team must be contacted for children of 12 years and under who present having had sexual intercourse). For those aged 13-16 years consider child protection team referral for these individuals if appropriate and according to local Board protocols.

Cautions including any relevant action to be taken	• If the individual is less than 16 years of age an assessment based on Fraser guidelines must be made and documented. • If the individual is less than 13 years of age the healthcare professional should speak to local safeguarding lead and follow the local safeguarding policy. • Discuss with appropriate medical/independent non-medical prescriber any medical condition or medication of which the healthcare professional is unsure or uncertain. • Individuals taking lamotrigine should be advised that CHC may interact with lamotrigine; this could result in reduced seizure control or lamotrigine toxicity. • **Offer LARC to all individuals 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: copper IUD, LNG-IUD and implant. If a LARC method is unacceptable/unsuitable and a CHC is chosen then an additional barrier method of contraception is advised. See FSRH advice.**
Action to be taken if the individual is excluded or declines treatment	• Explain the reasons for exclusion to the individual and document in the consultation record. • Record reason for declining treatment in the consultation record. • Where required refer the individual to a suitable health service provider if appropriate and/or provide them with information about further options.

3. Description of treatment

Name, strength and formulation of drug	Each 20cm^2 transdermal patch contains 6mg norelgestromin and 600micrograms ethinylestradiol.
Legal category	POM
Route of administration	Transdermal
Off label use	Best practice advice is given by the FSRH and is used for guidance in this PGD and may vary from the Summary of Product Characteristics (SPC).

	This PGD includes inclusion criteria, exclusion criteria and dosage regimes which are outside the market authorisation for many of the available products, but which are included within FSRH guidance. Specifically, the use of tailored CHC regimens is outside the manufacturer's licence, as is use in those under 18 years or over 45 years of age, but their use is supported by the Faculty of Sexual and Reproductive Healthcare (FSRH). The regimes detailed within this PGD are permitted under this PGD. Medicines should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions the local pharmacy or Medicines Management team must be consulted. Where medicines have been assessed by pharmacy/Medicines Management in accordance with national or specific product recommendations as appropriate for continued use this would constitute off-label administration under this PGD. The responsibility for the decision to release the affected medicines for use lies with pharmacy/Medicines Management. Where a medicine is recommended off-label consider, as part of the consent process, informing the individual/parent/carer that the medicine is being offered in accordance with national guidance but that this is outside the product licence.
Dose and frequency of administration	• Each patch releases 33.9micrograms ethinylestradiol and 203micrograms norelgestromin per 24 hours over a seven day period. • FSRH guidance states that CHC can either be used following a standard or tailored regime. • Individuals should be given information about both standard and tailored CHC regimens to broaden contraceptive choice.

Regimes

- The regimes which can be advised are detailed below:

Type of regimen	Period of CHC use	Hormone (patch) free interval
Standard use		
Standard use	21 days (3 patches)	7 days
Tailored use		
Shortened hormone-free interval	21 days (3 patches)	4 days
Extended use (tri-cycling)	9 weeks (9 patches)	4 or 7 days
Flexible extended use	Continuous use (≥21 days) of active patches until breakthrough bleeding occurs for 3 - 4 days	4 days
Continuous use	Continuous use of active patches	None

- A single patch applied at the same time each week for seven days starting on day 1-5 of the menstrual cycle with no need for additional protection.
- The patch can be started at any time after day five if it is reasonably certain that the individual is not pregnant. Additional contraception is then required for seven days after the patch is applied.
- Thereafter the dosage regime detailed above should be followed. Individuals should have access to clear information (either written or digital) to support tailored CHC use.
- When starting or restarting the CHC as quick start after levonorgestrel emergency contraception, additional contraception is required for 7 days and a pregnancy test should be performed at 4 weeks and 21 days after the last unprotected sexual intercourse.
- In line with FSRH guidance individuals using hormonal contraception should delay restarting their regular hormonal contraception for 5 days following ulipristal acetate use. Avoidance of pregnancy risk (i.e. use of condoms or abstain from intercourse) should be advised until fully effective. For CHC patches this is for 7 days after re-starting this method.
- For guidance on changing from one contraceptive method to another, and when to start after an abortion and postpartum, refer to the FSRH guidance.

Duration of treatment	• For as long as the individual requires CHC and has no contraindications to its use.
Quantity to be supplied	• Supply of up to twelve months (maximum 52 patches) in appropriately labelled original packs. For all supplies ensure the individual is aware that the regimen to be taken may not be reflected in the dosage information printed on the product packaging or within the supplied PIL – ensure full details of regimen to be followed are supplied.
Storage	Medicines must be stored securely according to national guidelines.
Drug interactions	All concurrent medications, including those purchased should be considered for interactions. A detailed list of drug interactions is available in the individual product SPC, which is available from the electronic Medicines Compendium website www.medicines.org.uk the BNF www.bnf.org and FSRH CEU Guidance: Drug Interactions with Hormonal. Contraception https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-drug-interactions-with-hormonal/
Identification and management of adverse reactions	A detailed list of adverse reactions is available in the individual product SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk and BNF www.bnf.org The following possible adverse effects are commonly reported with CHC (but may not reflect all reported adverse effects): • Nausea • Breast tenderness • Headache and migraine • Temporary disturbances of bleeding patterns • Change in mood including depression • Fluid retention • Change in libido • Skin changes including acne. Specific adverse events associated with transdermal patch CHC include: • Localised skin irritation.

	Serious adverse effects - these are less common but the risks should be discussed with the individual: • Venous thromboembolic events (VTE). • Arterial thromboembolic disorders (including ischaemic heart disease). • Strokes (e.g. transient ischaemic attack, ischaemic stroke, haemorrhagic stroke). • Hypertension.
Management of and reporting procedure for adverse reactions	• Healthcare professionals and individuals/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: http://yellowcard.mhra.gov.uk. • Record all adverse drug reactions (ADRs) in the individual's clinical record. • Report via organisation incident policy.
Written information and further advice to be given to individual	• Provide manufacturer's information leaflet (PIL) provided with the original pack. • Individuals should be informed about the superior effectiveness of LARC. • Individuals should be provided with written information or a link to a trusted online resource to support safe, effective CHC use. • Explain mode of action, side effects, and benefits of the medicine. • Advise individual on how to apply the patch, remove the patch and how patch changes should be managed. • The patch should be applied immediately upon removal from the protective sachet. • To prevent interference with the adhesive properties of the transdermal patch, no creams, lotions or powders should be applied to the skin area where the transdermal patch is to be applied. • Advise the individual that the patch should not be applied to irritated or broken skin. The patch should not be put on the breasts. • Advise individual that only one patch should be worn at any one time. • Advise individual on action to take if the patch becomes partially or fully detached and any incorrect use.

	• Advise on patch disposal - the disposal label from the outside of the sachet should be peeled open. The used transdermal patch should be placed within the open disposal label so that the sticky surface covers the shaded area on the sachet. The disposal label should then be closed sealing the used transdermal patch within. The patch should be disposed of in normal household waste. Used transdermal patches should not be flushed down the toilet nor placed in liquid waste disposal systems. • Advise about the risks of the medication including failure rates and serious side effects and the actions to be taken noting that the risks of using CHC could outweigh the benefits. **Serious symptoms:** The individual should stop taking the CHC and seek urgently medical help if they experience calf swelling, heat or pain in the calf, shortness of breath, chest pain or haemoptysis. The individual should seek advice if they experience their first ever migraine or develops aura with existing migraine. • Individuals should be advised that current use of CHC is associated with a small increased risk of breast cancer which reduces with time after stopping CHC. • Individuals should be advised that current use of CHC for more than 5 years is associated with a small increased risk of cervical cancer the risk of which reduces over time after stopping CHC and is no longer increased by about 10 years after stopping. • Individuals should be advised that current use of CHC is associated with an increased risk of VTE/ATE. • Individuals using CHC should be advised about reducing periods of immobility during travel. • Individuals trekking to high altitudes (above 4500 m or 14 500 feet) for periods of more than 1 week may be advised to consider switching to a safer alternative contraceptive method. • Individuals should be advised to stop CHC and to switch to an alternative contraceptive method at least 4 weeks prior to planned major surgery or expected period of limited mobility. • Offer condoms and advice on safer sex practices and possible need for screening for sexually transmitted infections (STIs). • Ensure the individual has contact details of local service/sexual health services. • Advise individual to seek advice from a pharmacist, doctor or other prescriber before starting any new medications including those purchased.

Advice / follow up treatment	• The individual should be advised to seek medical advice in the event of an adverse reaction. • The individual should be encouraged to tell all clinicians that they are taking the supplied medication in the event of other medication/s being prescribed. • The individual to seek further advice if they have any concerns. • Review annually.
Records	**Record:** • The consent of the individual and: o If individual is under 13 years of age record action taken o If individual is under 16 years of age document capacity using Fraser guidelines. If not competent record action taken. o If individual over 16 years of age and not competent, record action taken • Name of individual, address, date of birth. • GP contact details where appropriate. • Relevant past and present medical history, including medication, smoking status and family history. • Examination finding including BMI and blood pressure. • Any known allergies. • Name of registered health professional. • Name of medication supplied. • Date of supply. • Dose supplied. • Quantity supplied including batch number and expiry date in line with local procedures. • Advice given, including advice given if excluded or declines treatment. • Details of any adverse drug reactions and actions taken. • Advice given about the medication including side effects, benefits, and when and what to do if any concerns. • Any follow up and/or referral arrangements made. • Any supply outside the terms of the product marketing authorisation. • Recorded that supply is via Patient Group Direction (PGD). Records should be signed and dated (or a password controlled e-records) and securely kept for a defined period in line with local policy.

	Depending on the clinical setting where supply is undertaken, the information should be recorded manually or electronically, in one (or more) of the following systems, as appropriate: • NaSH – Sexual Health Electronic Patient Record • BadgerNet – Digital Maternity Notes • HEPMA • Individual's GP records if appropriate • Individual service specific systems.

4. Key references

Key references (accessed September 2022)	• Electronic Medicines Compendium http://www.medicines.org.uk/ • Electronic BNF https://bnf.nice.org.uk/ • NICE Medicines practice guideline "Patient Group Directions" https://www.nice.org.uk/guidance/mpg2 • Faculty of Sexual and Reproductive Healthcare (2019, amended 2020) Combined Hormonal Contraception https://www.fsrh.org/standards-and-guidance/documents/combined-hormonal-contraception/ • FSRH CEU Guidance: Drug Interactions with Hormonal Contraception (May 2022) FSRH CEU Guidance: Drug Interactions with Hormonal Contraception (May 2022) - Faculty of Sexual and Reproductive Healthcare • Faculty of Sexual and Reproductive Healthcare (2019, amended November 2020) Combined Hormonal Contraception https://www.fsrh.org/standards-and-guidance/documents/combined-hormonal-contraception/ • Faculty of Sexual and Reproductive Healthcare (2016, amended 2019) UK Medical Eligibility Criteria for Contraceptive Use. https://www.fsrh.org/documents/ukmec-2016/ • Faculty of Sexual and Reproductive Healthcare Clinical Guideline: Quick Starting Contraception (April 2017) https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/quick-starting-contraception/

NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

Appendix 1 - Healthcare Professional Agreement to Supply Medicine(s) Under Patient Group Direction

I: _____ (Insert name)

Working within: _____ e.g. Area, Practice

Agree to supply the medicine(s) contained within the following Patient Group Direction:

Patient Group Direction For Supply Of Combined Hormonal Contraceptive Transdermal Patch (CHC) For Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles – Version 2.1

I have completed the appropriate training to my professional standards enabling me to supply the medicine(s) under the above direction. I agree not to act beyond my professional competence, nor out with the recommendations of the direction.

Signed: _____

Print Name: _____

Date: _____

Profession: _____

Professional Registration number/PIN: _____

NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

Appendix 2 - Healthcare Professionals Authorisation to Supply Medicine(s) Under Patient Group Direction

The Lead manager/Professional of each clinical area is responsible for maintaining records of all clinical areas where this PGD is in use, and to whom it has been disseminated.
The Senior Nurse/Professional who approves a healthcare professional to supply the medicine(s) under this PGD is responsible for ensuring that they are competent, qualified and trained to do so, and for maintaining an up-to-date record of such approved persons.
The Healthcare Professional that is approved to supply the medicine(s) under this PGD is responsible for ensuring that they understand and are qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that supply is carried out within the terms of the direction, and according to their individual code of professional practice and conduct.
Patient Group Direction For Supply Of Combined Hormonal Contraceptive Transdermal Patch (CHC) For Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles – Version 2.1
Local clinical area(s) where the listed healthcare professionals will operate under this PGD:

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

Patient Group Direction For Supply Of Combined Hormonal Contraceptive Transdermal Patch (CHC) For Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles – Version 2.1

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date