Patient Group Direction for the supply and/or administration of Levonorgestrel 1500 micrograms oral tablet to individuals aged 13 years and over receiving treatment from NHS Borders.

This document authorises the supply and/or administration of Levonorgestrel 1500 micrograms oral tablet by pharmacists to individuals aged 13 years and over meet the criteria for inclusion under the terms of the document

The pharmacists seeking to supply and/or administer Levonorgestrel 1500 micrograms oral tablet must ensure that all patients have been screened and meet the criteria before supply takes place

The purpose of this Patient Group Direction is to allow management of emergency contraception in NHS Borders by pharmacists.

PGD previously approved: *November 2024*

This direction was authorised on: ***March 2026***

The direction will be reviewed from: ***March 2029***

Author of PGD: Malcolm Clubb Director of Pharmacy

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Specialist clinical review by: Rhona Morrison NMP lead Rachel Pulman Nurse Consultant Public Protection

Patient Group Direction for the supply and/or administration of Levonorgestrel 1500 micrograms oral tablet to *individuals aged 13 or over* receiving emergency contraception treatment from NHS Borders.

1. This Patient Group Direction relates to the following specific preparation:

Name of medicine, strength, formulation	Levonorgestrel 1500 micrograms oral tablet (LNG) Levonorgestrel 1500 (mcg) tablet is the 2nd line product for emergency hormonal contraception. Only supply LNG using this PGD if the woman is not suitable for Ulipristal (UPA). See the UPA guidance for full details of exclusions, cautions in use, warnings and additional information
Legal status	Prescription Only Medicine
Storage	Store below 25°C in original container.
Dose	1500 micrograms (one tablet) as a single dose (licensed up to 72 hours). Off-label: 1500 micrograms may be used 72–96 hours only where ulipristal is contraindicated and Intrauterine Device (IUD) not possible (document rationale). 3000 micrograms (two tablets) as a single dose if current/recent enzyme inducer use or BMI >26 kg/m² / weight >70 kg (off-label; effectiveness uncertain—discuss IUD). If vomiting occurs within 3 hours, repeat the dose immediately (supply a replacement dose if appropriate).
Route/method	Oral
Frequency	Single dose; may be repeated in the same cycle for subsequent Unprotected Sexual Intercourse (UPSI). If repeat use, reinforce ongoing contraception advice.
Total dose Quantity (Maximum/Minimum)	2 tablets unless vomiting occurs within three hours
Advice to Patients	• Copper IUD is the most effective Emergency Contraception; provide information and referral pathways. Referral by pharmacists is possible refer directly to Borders Sexual Health (BSH) by telephoning 01896 663700. There is no provision for

	Copper IUD insertion at BSH on Saturday and Sunday so please phone ward 16 at BGH if required on 01896 826016. • For women who have missed their oral contraceptive pill, provide information as outlined by the Faculty of Sexual and Reproductive Health (FSRH) guide on "Indications for emergency contraception following potential failure of hormonal and intrauterine methods of contraception at: https://www.fsrh.org/standards-andguidance/documents/ceu-clinical-guidanceemergency-contraception-march-2017/ (page 5) updated 2023. • If the woman is taking the oral contraceptive pill or using the contraceptive patch and Emergency Hormonal Contraception (EHC) is required, advise her to use a barrier method in addition to her usual method for 7 days. • If the woman is not using an oral contraceptive pill, a barrier method of contraception should be used until appropriate contraceptive advice from BSH or GP is given. • Advise all women that higher weight or body mass index (BMI) could reduce the effectiveness of oral EHC. • Women should be informed that the effectiveness of the Cu-IUD is not known to be affected by weight or BMI. • Advise that LNG is for occasional use only and should not be used as a replacement for a regular contraceptive method. Provide local information about how to access BSH and contraceptive advice. • Next period may be early or late; perform a pregnancy test if menses is >5 days late, abnormal bleeding occurs, or pregnancy is suspected (test at 3 weeks if uncertain). • If vomiting or severe diarrhoea occurs within 3 hours of the dose, seek advice immediately for a repeat dose. • If on combined oral pill or patch, continue and use condoms for the next 7 consecutive days of correct use. • Breastfeeding: levonorgestrel is not thought harmful; taking the dose immediately after a feed minimizes infant exposure. • Diabetes: glucose requirements may change—monitor closely for several days. • STI risk: offer/arrange screening ≥2 weeks after UPSI as indicated. • Common adverse effects: menstrual irregularities, nausea, abdominal pain, fatigue, headache, dizziness, breast tenderness, vomiting.
Relevant Warnings	• Potential drug interactions (enzyme inducers reduce efficacy). Consider IUD as first line in current or recent (past 28 days) use of enzyme inducers. • BMI >26 kg/m² or weight >70 kg: consider 3000 micrograms (two 1500 microgram tablets) as a single dose; effectiveness uncertain—discuss IUD as first line.

	• UPSI likely on/after ovulation (beyond day 16 of cycle): oral EC may be ineffective—discuss IUD. • Common adverse effects: menstrual irregularities, nausea, abdominal pain, fatigue, headache, dizziness, breast tenderness, vomiting.
Follow up Arrangements	• Advise pregnancy testing if no menses within 3 weeks or 5 days after expected date. • Arrange/advise follow-up for ongoing contraception and STI screening as appropriate.

2. Clinical condition:

Clinical Condition to be treated	To reduce the risk of pregnancy after unprotected sexual intercourse (UPSI) or when regular contraception has been compromised or used incorrectly, and where a copper IUD is declined, contraindicated or cannot be provided within the required timeframe.
Criteria for inclusion	• Individuals aged 13 years and over presenting within 72 hours of UPSI/contraceptive failure. • Individuals who have vomited within 3 hours of a previous dose of levonorgestrel EC and re-present within 72 hours of UPSI. • Informed consent obtained; where under 16, Fraser/Gillick competence assessed and documented.
Public protection & legal considerations	• **Child Protection Considerations – Sexual Exploitation** When supplying Levonorgestrel 1500 micrograms oral tablet under this PGD, the healthcare professional must remain alert to the possibility that a request for emergency hormonal contraception (EHC) may indicate child sexual exploitation (CSE) or other safeguarding concerns. • **Legal and Child Protection Responsibilities ·** Sexual activity involving a child under 13 years is always a child protection concern and a criminal offence and must result in immediate referral to child protection services (see Appendix for contact details). · Children under 16 requesting contraception require assessment and clinicians must balance confidentiality with the duty to protect children when concerns about abuse or exploitation arise. Explain limits of confidentiality where risk exists. · For patients under 13, a Child Protection Referral must be made when a child presents following sexual intercourse.

	• **Recognising Indicators of Child Sexual Exploitation** The Healthcare professional should be vigilant for indicators of CSE. Including (not limited to) age, maturity, power imbalance between partners, coercion, threats and other patterns of vulnerability. (See Appendix) Also see Appendix for Indicators and Actions when concerns are noted.
Criteria for exclusion	• Aged 12 years or under (must follow Child Protection procedures). • UPSI occurring >72 hours ago (consider ulipristal up to 120 hours if appropriate, or IUD). • Known or suspected pregnancy. • Unexplained vaginal bleeding. • Ulipristal taken in the previous 5 days. • Severe hepatic impairment. • Severe malabsorption syndromes (e.g., severe diarrhoea, Crohn's disease). • Hypersensitivity to levonorgestrel or excipients (e.g., lactose monohydrate). • Postpartum <3 weeks (EC not required in this circumstance). • Hereditary problems of galactose intolerance, Lapp lactase deficiency, or glucose-galactose malabsorption (Levornelle® 1500 contains lactose). • Concomitant ciclosporin (risk of increased exposure). • Lack of valid consent / not competent to consent.

Action if excluded	• Do not supply LNG
	• Discuss reasons for exclusion and alternative contraception and refer to BSH (01896 663700) or GP practice/BECS.
	  ○ If within 120 hours, refer/arrange for copper IUD assessment and insertion where feasible.
	  ○ Consider ulipristal acetate (UPA) 30 mg up to 120 hours post-UPSI if not contraindicated (note interactions with progestogens and breastfeeding advice).
	• Provide safety-netting on pregnancy testing and STI screening; document advice and referral.
	• The local direct referral process should be used during out of hour's period. Document all actions taken.
	• Inform GP with woman's client's permission.
	  ○ If within 120 hours, refer/arrange for copper IUD assessment and insertion where feasible.
	  ○ Consider ulipristal acetate (UPA) 30 mg up to 120 hours post-UPSI if not contraindicated (note interactions with progestogens and breastfeeding advice).
	  ○ Provide safety-netting on pregnancy testing and STI screening; document advice and referral.

Action if declines	• Advise of the risks of the consequences of not receiving treatment. • Record outcome in Pharmacy Care Record if appropriate and refer the woman to their appropriate/preferred health provider using the local direct referral process if during the out of hour's period. • Document all actions taken.
Interactions with other medicaments and other forms of interaction	• Enzyme inducers (e.g., carbamazepine, phenytoin, phenobarbital/primidone, topiramate, rifampicin, rifabutin, bosentan, St John's wort, griseofulvin) may reduce efficacy—prefer IUD; if declined, consider 3000 micrograms with counselling on uncertainty. • Levonorgestrel may increase ciclosporin exposure (monitoring/avoid under PGD). • Warfarin/phenindione: anticoagulant effect may be altered; advise appropriate monitoring.

3. Documentation/Record keeping.

a) The following records should be kept (either paper or computer based consider PMR and Pharmacy Care Record as appropriate)-

Name and address of patient/parent/guardian/person with parental responsibility
CHI number
Date of birth
GP details
Symptoms reported
Exclusion criteria, record why drug not supplied
Reason for giving

Consent to the supply: prior to supply of the drug, consent must be obtained, preferably written, either from the patient, parent, guardian or person with parental responsibility and documented on the supply form. Consent must be in line with current NHS Borders Consent to Treatment policy (http://intranet/resource.asp?uid=23913).
The medicine name, dose, route, time of dose(s), and where appropriate, start date, number of doses and or period of time, for which the medicine is to be supplied or administered
The signature and printed name of the healthcare professional that supplied or administered the medicine
The patient group direction title and/or number

These records should be retained:

For young people 16 years old or under, retain until the patient's 25th birthday or 26th if the young person was 17 at the conclusion of treatment

For 17 years and over, retain for 6 years after date of supply.

Or for 3 years after death, or in accordance with local policy, where this is greater than above.

b) Preparation, audit trail, data collection and reconciliation-
Stock balances should be reconcilable with Receipts, Administration, Records and Disposals on a patient-by-patient basis.

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

c) Storage- As per manufacturers' instructions

4. Professional Responsibility

- All Health Professionals will ensure he/she has undertaken appropriate training and is competent in all aspects of medication, including contra-indications and the recognition and treatment of adverse effects. See Appendices for recommended staff training
- He/she will attend training updates as appropriate.
- He/she must agree to be professionally accountable for their work
- He/she must be competent to assess the patient's capacity to understand the nature and purpose of the supply in order for the patient to give or refuse consent.
- He/she must be aware of current treatment recommendations and be competent to discuss issues about the drug with the patient

Professional managers will be responsible for:

- Ensuring that the current PGD is available to staff providing care under this direction.
- Ensuring that staff have access to all relevant Scottish Government Health Directorate advice, including any relevant CMO letters (s)
- Ensuring that staff have received adequate training in all areas relevant to this PGD and meet the requirements above
- Maintaining a current record of all staff authorised to supply the drug specified in this PGD

5. Sources of Evidence used for the PGD creation should be stated.

- British National Formulary (BNF) current edition
  MedicinesComplete — Browse BROWSE > BNF > Publication Home

- British National Formulary (BNF) Children edition
  MedicinesComplete — Browse BROWSE > BNF for Children > Publication Home

- East Region Formulary
  https://formulary.nhs.scot/east

- Faculty of Sexual and Reproductive Health (FSRH) guide

- EHC Learning module developed by NES Pharmacy which can be found at:
  Postpartum contraception | Turas | Learn

6. Appendices

1 Child and Adult Support and Protection

Child Protection Considerations – Sexual Exploitation

When supplying Levonorgestrel 1500 micrograms oral tablet under this PGD, the healthcare professional must remain alert to the possibility that a request for emergency hormonal contraception (EHC) may indicate child sexual exploitation (CSE) or other safeguarding concerns.

Legal and Child Protection Responsibilities

- Sexual activity involving a child under 13 years is always a child protection concern and a criminal offence and must result in immediate referral to child protection services – Children and Families Duty Social Work 01896 662787 EDT (out with hours) 01896 752111 or Police 999 if immediate risk of harm.
- Children under 16 requesting contraception require assessment and clinicians must balance confidentiality with the duty to protect children when concerns about abuse or exploitation arise. Explain limits of confidentiality where risk exists.
- For patients under 13, a Child Protection Referral must be made when a child presents following sexual intercourse.

Recognising Indicators of Child Sexual Exploitation

The healthcare professional should be vigilant for indicators of CSE, including (but not limited to):

- age, maturity, or power imbalance between partners.
- A partner who is in a position of trust, or where force, coercion, threats, emotional pressure, bribery, or payment are involved.
- Under influence of drug or alcohol
- A young person who appears unable to understand, consent, or recognise risks, or whose explanation for sexual activity causes concern.
- Patterns of vulnerability, recognising that CSE can present in many forms and that no typical case exists.

Actions Required When Concerns Arise

If any concern regarding possible exploitation, abuse, coercion, or unsafe circumstances is identified, the healthcare professional must:

- Follow Scottish Borders Child Protection & Adult Support and Protection Procedures
- Advice can be sought from the On-Call Paediatrician, BGH and/or NHS Public Protection Team 01896 664580 (Mon-Fri).
- Document assessment factually and sensitively.

- Provide the young person with supportive communication, ensuring they feel safe, listened to, and informed about next steps.
- If there is risk of harm, consent is not required to make a Child Protection referral.

Adult Support and Protection Concerns

Healthcare professionals should remain alert to signs that an adult may be experiencing abuse or exploitation, including:

- Evidence of coercion or controlling behaviour, e.g., a partner answering for the individual, restricting their autonomy, or exerting pressure around sexual activity.
- Indicators of psychological manipulation, intimidation, or financial dependence that compromise the person's ability to consent freely to sexual activity.
- Presentations suggesting rape or sexual assault, noting that community pharmacy guidance highlights the role of the pharmacist in supporting individuals who disclose sexual violence.
- Visible distress, reluctance to speak openly, or concerns about personal safety.

Actions Required When Concerns Arise

If the healthcare professional identifies or suspects that an adult is at risk:

- Follow Scottish Borders Child Protection & Adult Support and Protection Procedures, escalating concerns appropriately.
- Advice can be sought from the NHS Public Protection Team 01896 664580 (Mon-Fri).
- Document concerns and sensitively.
- Explain limits of confidentiality where you believe an adult is an ‘adult at risk of harm’.
- Offer information about or referral to specialist services, including sexual health, domestic abuse, rape crisis, or advocacy services, as appropriate.

Trauma-Informed and Person-Centred Practice

- Adopt a trauma-informed approach, recognising that individuals may have complex histories affecting how they articulate or disclose exploitation.
- Provide a safe, private environment for consultation and ensure the individual feels heard, respected, and supported in decision-making.
- Ensure signposting to appropriate care if the patient discloses rape, coercion, or exploitation.

2 Public Protection Training - CP3: Child Sexual Exploitation

“Everyone in the Scottish Borders has the right to live free from abuse, harm and neglect.”

A Tier 3, full day course for the specific contact workforce. The training is delivered face to face in partnership with Scottish Borders Rape Crisis Centre and Children 1st. The course is for practitioners who work directly or supervise staff who work directly with children and young people where Child Sexual Exploitation (CSE) may be a concern. You will be expected to have completed PP2: Introduction to Public Protection (or equivalent Tier 2 course).

Learning outcomes for this course are to understand:

- what Child Sexual Exploitation is and the impact of CSE on children and young people;
- the importance of language and multi-agency working;
- the wider context in which CSE occurs and how to respond to/report CSE.

To find out more information and to book your place all available course dates can be found on our Public Protection Training Calendar
Public Protection Committee Training (office365.com)

3 PP2: Introduction to Public Protection

A Tier 2 course for the General Contact Workforce in adult and children's services.

Learning outcomes for this course are as follows:

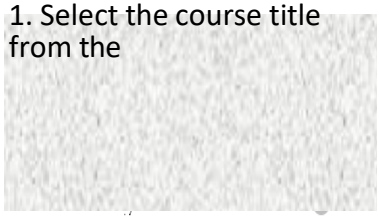
- Be aware of the role of the Public Protection Committee and specialist roles in Child Protection and Adult Support and Protection;
- Understand what is meant by abuse and neglect and their impact;
- Understand professional curiosity; and
- Understand your responsibility to Recognise, Respond, Record and Report concerns about children or adults.

To find out more information and to book your place all available course dates can be found on our Public Protection Training Calendar Public Protection Committee Training (office365.com)

Next page – how to make a booking

Booking Public Protection Training on MS Bookings To see the latest dates for our courses and **to book a place**, please visit [Public Protection Committee Training (office365.com)]

1. Select the course title from the

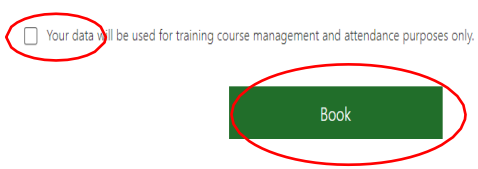


All current dates for each course are listed

2. Scroll through the calendar to find

Available course dates show as bold

3. Complete the booking form, tick the data use box*, and submit via the



Please ensure that you **enter your email address accurately**, as this will be

4. PLEASE RETAIN YOUR AUTOMATED CONFIRMATION EMAIL, as you can cancel or reschedule your training by using the "Manage

Before your course date, you will receive an email with any pre-course materials, special joining instructions and the MS Teams link for your training. **PLEASE RETAIN THIS EMAIL so that you can access your training.** You will also receive an automated reminder emails before the course date.

WE MAY ON OCCASION NEED TO CANCEL A COURSE DATE DUE TO LOW NUMBERS OR UNEXPECTED CIRCUMSTANCES. In this case you will receive an

automated cancellation email, and a further explanatory email. You should then book onto another course date via the MS Bookings calendar.

If you need to cancel your place, please do so at the earliest opportunity, via the "Manage my booking" or "Reschedule" link on your confirmation email. This will automatically free up your place for another delegate.

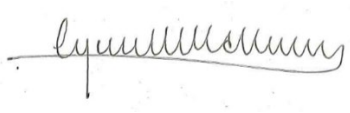
Troubleshooting:

- **I can see the course list, but there is no calendar or form showing**. Sometimes these can take some time to load. Please be patient. If the calendar and form do not show, please try accessing on a different browser, or another device.
- **The date that I want to book doesn't have a coloured circle on it.** Usually, only the first available date is highlighted with a coloured circle. Other available dates show as bold, though you may have to look carefully, as it's not particularly obvious. Places do come available following cancellations, so please check back later if you are unable to attend on a different date.

- **I haven't received a meeting link.** Meeting links are sent by email from committee.publicprotection@scotborders.gov.uk with your pre-course materials. Please search your inbox and/or check your spam folder.

- If you continue to be unable to access the booking form, please contact committee.publicprotection@scotborders.gov.uk for assistance.

***Privacy Notice:** For further information on how we will use the information you provide, please see the Scottish Borders Council Learning and Development Privacy Notice

Patient Group Direction for the supply of Levonorgestrel 1500mcg by pharmacists providing services for NHS Borders			
This Patient Group Direction is approved for use by the under-signed:			
Job Title	**Name**	**Signed**	**Date**
Senior Doctor/Dentist for relevant clinical area	Dr Lynn McCallum		30/03/2026
NHS Borders Director of Pharmacy	Malcolm Clubb		30/03/2026
NHS Borders Senior Health Professional for Clinical Area	Sarah Horan		30/03/2026
PGD AUTHORISED ON 26/03/2026 **Signed by ADTC CHAIRPERSON:**  **Name: Malcolm Clubb, Director of Pharmacy**			
The Health Professionals named below, being employees of NHS Borders are authorised to supply this medication under this Patient Group Direction and agree to supply this medication in accordance with this Patient Group Direction			
Name of Health Professional	**Job Title**	**Signed**	**Date**