This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

# PATIENT GROUP DIRECTION (PGD)

## Insertion of the Progestogen-Only Intra-Uterine Device (LNG-IUD) in Integrated Sexual Health Services (ISHS) Derbyshire Community Health Services

Version Number 2.1

| Change History | |
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| **Version and Date** | **Change details** |
| Version 1.0 August 2020 | New template |
| Version 1.1 November 2020 | Additional of Jaydess®▼ Levonorgestrel 13.5 mg intrauterine system as a black triangle product.<br>Acute porphyria added as exclusion. |
| Version 1.2 March 2021 | Levosert® license revised to usage period from 5 to 6 years for when indication is for contraception.<br>Dose and frequency of administration section amended to read:<br>○ Levonorgestrel 52mg Intrauterine System (Levosert ®) - effective for up to 6 years or until contraception no longer required if individual is over the age of 45 years of age at time of insertion. |
| Version 1.3 September 2022 | Benilexa One Handed® 52mg levonorgestrel-releasing intrauterine system added to Name, strength & formulation of drug and Dose and frequency of administration sections.<br>eLFH PGD e learning added to training section |
| Version 2.0 April 2023 | Updated template. Amendments to exclusion, cautions, dose and frequency of administration and adverse effects sections to align with updated FSRH IUC guidance. Minor formatting/wording changes to align with other SPS PGD reproductive health templates. |
| Version 2.1 September 2023 | Added “or until contraception no longer required if individual is over the age of 45 years of age at time of insertion” to frequency of insertion for Levonorgestrel 52mg intrauterine delivery system (Benilexa One Handed®). |

## PGD DEVELOPMENT GROUP

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| Date PGD template comes into effect: | December 2023 |
| Review date | February 2026 |
| Expiry date: | July 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 February 2023.

**This section MUST REMAIN when a PGD is adopted by an organisation.**

| Name | Designation |
|---|---|
| Dr Cindy Farmer | Vice President, General Training FSRH |
| Michelle Jenkins | Advanced Nurse Practitioner, Clinical Standards Committee 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) |
| Sim Sesane | CASH Nurse Consultant MSI Reproductive Choices |
| Kate Devonport | National Unplanned Pregnancy Association (NUPAS) |
| Chetna Parmar | Pharmacist adviser Umbrella |
| Heather Randle | 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 Postgraduate Pharmacy Education (CPPE) |
| Dr Kathy French | Specialist Nurse |
| Dr Sarah Pillai | Consultant |
| 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 |

**ORGANISATIONAL AUTHORISATIONS**

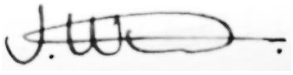
**PATIENT GROUP DIRECTION DEVELOPMENT WORKING GROUP**

**This PGD has been agreed by doctors, and/or expert clinical practitioners, pharmacist and representative healthcare professionals from the trust stated below for use within Integrated Sexual Health Services (ISHS), University of Derby and Burton Teaching Hospitals Foundation Trust (UHDBFT) and Derbyshire Community Health Services Foundation Trust (DCHSFT)**

## PATIENT GROUP DIRECTION AUTHORISATION

**PGD approved by PGD Working Group on** *13th July 2023 (Minor amendment 23rd October 2023)*

**This PGD is authorised for use on behalf of DCHS by the following signatories:**

| Position of signatory | Name | Signature | Date |
|---|---|---|---|
| Director of Nursing, AHPs & Quality (amendment approved by Deputy Chief Nurse) | Michelle Bateman (Jo Wain) |  | 13/12/2023 |
| Head of Medicines Management | Kate Needham |  | 13/12/2023 |
| Medical Director | Dr Ben Pearson |  | 13/12/2023 |
| Lead Clinician | Dr Ade Apoola |  | 13/12/2023 |

PGDs do not remove inherent professional obligations or accountability. It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct. Individual practitioners must declare that they have read and understood the Patient Group Direction and agree to supply/administer medication(s) listed only in accordance with the PGD.

| **REVIEWED FOR DCHS BY:** | | |
|---|---|---|
| **Date** | **Name** | **Position** |
| May 2023 & October 2023 | Lisa Walton<br>Dr Ade Apoola | ISHS Specialist Nurse Practitioner<br>Consultant (ISHS) |

## 1. Characteristics of Staff

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| **Qualifications and professional registration** | Current contract of employment within a Local Authority or NHS commissioned service or an NHS Trust/organisation.<br><br>Registered healthcare professional listed in the legislation as able to practice under Patient Group Directions. |
| **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 patients ensuring safe provision of the medicines listed in accordance with local policy.<br><br>Recommended 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. Individuals working under this PGD should hold an in date FSRH Letter of Competence Intrauterine Techniques (LoC IUT) which has been achieved or recertified within the last 5 years.<br><br>PGD users should have read thoroughly and be familiar with the FSRH IUC guidance.<br><br>Individual has undertaken appropriate training for working under PGDs for the supply and administration of medicines. Recommended training - eLfH PGD elearning programme<br><br>Individuals working under this PGD will be required to administer local anaesthesia in line with local protocols/PGDs.<br><br>The healthcare professional has completed locally required training (including updates) in safeguarding children and vulnerable<br><br>The healthcare professional must ensure that they have an up to date certificate for Basic Life Support (BLS) and anaphylaxis as required by the employing Trust/organisation<br><br>For advice on additional local training requirements see section 4: Characteristics of Staff. |
| **Competency assessment** | • Individuals operating under this PGD must be assessed as competent (see Appendix A) or complete a self-declaration of competence for LNG-IUD contraception insertion.<br>• Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions |
| **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.<br>• FSRH LoC IUT must be recertified every 5 years. |

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| | Organisational PGD and/or medication training as required by employing Trust/organisation. |
| The decision to administer 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

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| **Clinical condition or situation to which this PGD applies** | Contraception |
| **Criteria for inclusion** | • Individual (age from menarche to 55 years) presenting for contraception.<br>• Informed consent given. |
| **Criteria for exclusion** | • Informed consent not given.<br>• Individuals under 16 years of age and assessed as not competent using Fraser Guidelines.<br>• Individuals 16 years of age and over and assessed as lacking capacity to consent.<br>• Known hypersensitivity to the active ingredient or to any constituent of the product - see Summary of Product Characteristics.<br>• Risk of pregnancy<br>• Any reported unprotected sexual intercourse (UPSI) within the last 3 weeks.<br>• Less than 4 weeks postpartum<br>• Postpartum sepsis<br>• Post-abortion sepsis<br>• Gestational trophoblastic disease with decreasing or, persistently elevated β-hCG levels or malignancy<br><br>Refer to the FSRH CEU clinical guideline Intrauterine Contraception and clinical guidance 'switching' for specific guidance about starting and switching IUC:<br><br>**Insertion of new device (no current IUC in situ)**<br>• Any reported unprotected sexual intercourse (UPSI) since day 5 of a natural cycle, AND within the last 3 weeks.<br>• If any UPSI >3 weeks ago where menstruation has not since occurred - negative pregnancy test required prior to insertion.<br>**Changing to a new device (current IUC insitu and in date)**<br>• Any reported unprotected sexual intercourse (UPSI) within the last 7 days<br>**Changing to a new device (current IUC insitu but out of date)**<br>• Any reported unprotected sexual intercourse (UPSI) within the last 3 weeks<br>• If UPSI >3 weeks ago- negative pregnancy test required prior to insertion<br><br>**Cardiovascular Disease** |

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| | • Development of ischaemic heart disease, transient ischaemic attack or stroke whilst using the LNG-IUD.<br>• For individuals with pre-existing arrhythmia, Eisenmenger physiology, single ventricle (or Fontan) circulation, long QT syndrome or impaired ventricular function, a vasovagal reaction could pose a serious risk of a significant cardiac event and therefore IUC procedures should be undertaken in a hospital setting.<br><br>**Cancers**<br>• Current or past history of breast cancer.<br>• Malignant liver tumour (hepatocellular carcinoma).<br>• Cervical cancer (awaiting treatment)<br>• Endometrial cancer<br>• Cervical cancer (resulting in radical trachelectomy)<br><br>**Gastro-intestinal conditions**<br>• Severe decompensated cirrhosis.<br>• Benign liver tumour (hepatocellular adenoma).<br><br>**Infections**<br>• Current or recurrent pelvic inflammatory disease (PID)<br>• Known chlamydial infection either symptomatic or asymptomatic<br>• Known gonorrhoea infections either symptomatic or asymptomatic<br>• Current purulent cervicitis or vaginitis<br>• Known pelvic tuberculosis<br>• HIV infection with CD4 <200cells/mm$^3$<br><br>**Anatomical abnormalities**<br>• Distorted uterine cavity; congenital or acquired abnormality distorting the uterine cavity, including fibroids, incompatible with LNG-IUD insertion.<br><br>**Other Conditions**<br>• Unexplained vaginal bleeding suspicious of a serious medical condition, present before commencing the method<br>• Organ transplant with complications<br>• Acute porphyria<br>• Previous endometrial ablation |
| **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.<br>• 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.<br>**Safeguarding:** Where there are any safeguarding concerns refer to local policies for safeguarding adults and children and/or seek advice from the safeguarding lead/team in the organisation. Document the concern and outcome in the healthcare record.<br>DCHS: Safeguarding adults and children policies on DCHS SharePoint.<br>DCHS Safeguarding Team: 01773 850000.<br>East Midland's Children and Young People's Sexual Assault |

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| | Service (EMCYPSAS): 0800 183 0023 (24-hour service).<br>• Individuals taking anticoagulants or antiplatelets - refer to FSRH CEU Statement Management of women taking anticoagulants or antiplatelet medications who request intrauterine contraception or subdermal implants<br>• Liaison with an individual's MDT or clinical specialist may be required with certain conditions (e.g. inherited bleeding disorders, cardiac disease, taking anticoagulants, Ehlers-Danlos syndromes (EDS), Postural tachycardia syndrome (PoTS).<br>• Individuals at risk of an adrenal crisis will usually need to increase their steroid dose prior to, and for 24 hours after, IUC insertion and should ideally have their IUC procedure scheduled for early morning.<br>• If an individual with PoTS has a history of postural syncope, advice should be sought from their cardiologist, as it may be recommended that insertion should be undertaken in a hospital setting.<br>• Individuals with cardiac arrhythmias (other than long QT) discuss with relevant clinician.<br>• Discuss with appropriate medical/independent non-medical prescriber any medical condition or medication of which the healthcare professional is unsure or uncertain. |
| **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.<br>• Record reason for decline in the consultation record.<br>• 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

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| **Name, strength & formulation of drug** | Levonorgestrel 13.5 mg intrauterine system (Jaydess®▼)<br>Levonorgestrel 19.5mg intrauterine system (Kyleena®)<br>Levonorgestrel 52mg intrauterine System (Levosert®)<br>Levonorgestrel 52mg intrauterine system (Mirena®)<br>Levonorgestrel 52mg intrauterine system (Benilexa One Handed®)<br><br>**Note:**<br>• This PGD does not restrict which brands can be supplied – local formularies/restrictions should be referred to and the above list edited to reflect local formularies.<br>• See http://www.mhra.gov.uk/spc-pil/ or http://www.medicines.org.uk for further information and further brand information including full details of adverse effects and interactions. |
| **Legal category** | POM |
| **Black triangle** | Jaydess®▼ Levonorgestrel 13.5 mg intrauterine system is a black triangle product.<br><br>This information was accurate at the time of writing. See product SPCs at www.medicines.org.uk for indication of current black triangle status. |

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| **Route of administration** | Intra-uterine<br><br>Insert using aseptic or no-touch technique as per FSRH guidance on intrauterine contraception |
| **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).<br><br>This PGD specifically includes inclusion criteria and dosage regimens which are outside the market authorisation for many of the available products but which are included within FSRH guidance:<br>• When used for contraception only, any 52mg LNG-IUD maybe retained until contraception no longer required in individuals over 45 years of age at time of insertion<br>• Mirena® – effective for up to 6 years<br>• Initial insertion after day 7 of the menstrual cycle if it is reasonably certain that the individual is not pregnant<br>• Postpartum insertion between 4-6 weeks<br><br>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.<br><br>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** | • One LNG-IUD to be inserted (after removal of previous LNG-IUD if required).<br>• Insert on day 1-5 of the menstrual cycle with no need for additional protection<br>• The LNG-IUD can be inserted at any time after day 5 of the menstrual cycle if it is reasonably certain that the individual is not pregnant. Additional contraception is then required for 7 days after insertion of the LNG-IUD.<br>• For guidance on changing from one contraceptive method to another, and when to start after an abortion and postpartum, refer to the Faculty of Sexual and Reproductive Healthcare (FSRH) guidelines.<br><br>**Frequency of LNG-IUD insertion:**<br>○ Levonorgestrel 13.5mg intrauterine delivery system (Jaydess®) - effective for up to 3 years<br>○ Levonorgestrel 19.5mg intrauterine delivery system (Kyleena®) - effective for up to 5 years.<br>○ Levonorgestrel 52mg intrauterine delivery system (Levosert ®) |

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| | - effective for up to 6 years or until contraception no longer required if individual is over the age of 45 years of age at time of insertion.<br>○ Levonorgestrel 52mg intrauterine delivery system (Mirena®) - effective for up to 6 years or until contraception no longer required if individual is over the age of 45 years of age at time of insertion.<br>○ Levonorgestrel 52mg intrauterine delivery system (Benilexa One Handed® ) - effective for up to 6 years or until contraception no longer required if individual is over the age of 45 years of age at time of insertion. |
| **Duration of treatment** | For as long as individual requires contraception and has no contraindications to its use. |
| **Quantity to be supplied** | Single LNG-IUD is to be inserted per episode of care. |
| **Storage** | Medicines must be stored securely according to national guidelines. |
| **Drug interactions** | All concomitant medications should be checked for interactions.<br><br>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/<br><br>Refer to a prescriber if any concern of a clinically significant drug interaction. |
| **Identification & management of adverse reactions** | A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk and BNF www.bnf.org<br><br>The LNG-IUD is generally well tolerated. The following possible adverse effects are commonly reported with LNG-IUD (but may not reflect all reported adverse effects):<br>• Headache<br>• Disturbance of bleeding patterns<br>• Changes in mood<br>• Weight change<br>• Loss of libido<br>• Breast tenderness<br>• Acne<br><br>Insertion complications may include infection, expulsion, or perforation. Individuals should be advised on the signs that these may have occurred and the action to take if they become concerned. |
| **Additional facilities and supplies** | • Access to working telephone<br>• Suitable waste disposal facilities<br>• Immediate access to in-date anaphylaxis kit (IM adrenaline 1:1000) and emergency drugs including atropine and oxygen according to local protocol. |
| **Management of and reporting procedure for adverse reactions** | • Healthcare professionals and patients/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the |

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| | Yellow Card reporting scheme on: http://yellowcard.mhra.gov.uk<br>• Record all adverse drug reactions (ADRs) in the patient's medical record.<br>• Report via organisation incident policy.<br>• Note certain LNG-IUDs have additional Risk Minimisation materials (RMMs) to support safe use –see product profile at www.medicines.org.uk for further information |
| **Written information and further advice to be given to individual** | • Provide patient information leaflet (PIL) provided with the original pack.<br>• Explain mode of action, side effects, risks and benefits of the medicine<br>• Advise about the risks of the medication including failure rates and serious side effects and the actions to be taken.<br>• Advise about the possible symptoms of serious sequelae e.g. infection, ectopic pregnancy, expulsion and perforation and when to seek clinical advice<br>• Teach individual how to check threads and to seek clinical advice if threads not felt<br>• Advise when replacement of the LNG-IUD will be due.<br>• Offer condoms and advice on safer sex practices and possible need for screening for sexually transmitted infections (STIs)<br>• Ensure the individual has contact details of local service/sexual health services. |
| **Advice / follow up treatment** | • The individual should be advised to seek medical advice in the event of an adverse reaction.<br>• Individual to seek further advice if they have any concerns |
| **Records** | **Record:**<br>• The consent of the individual and<br>  ○ If individual is under 13 years of age record action taken<br>  ○ If individual is under 16 years of age document capacity using Fraser guidelines. If not competent record action taken.<br>  ○ If individual over 16 years of age and not competent, record action taken<br>• Name of individual, address, date of birth<br>• GP contact details where appropriate<br>• Relevant past and present medical history, including medication and family history.<br>• Any known allergies<br>• Details of insertion procedure to include:<br>  ○ Name of registered health professional<br>  ○ Date of insertion<br>  ○ Name/brand of LNG-IUD inserted<br>  ○ Batch number and expiry date of administered product<br>  ○ Bimanual examination and speculum findings<br>  ○ Uterine sounding<br>  ○ Use of no touch technique<br>  ○ Name of assistant/their role<br>  ○ Analgesia or local anaesthetic used<br>  ○ Problems encountered during insertion<br>• Advice given, including advice given if excluded or declines treatment |

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| | • Individual has been advised on the date/s for next appointment as required.<br>• Details of any adverse drug reactions and actions taken<br>• Advice given about the medication including side effects, benefits, and when and what to do if any concerns<br>• Any referral arrangements made<br>• Any administration outside the terms of the product marketing authorisation and additional advice given relating to this and advice given (e.g. additional contraception for 7 days).<br>• Recorded that administration is via Patient Group Direction (PGD)<br><br>Records should be signed and dated (or a password controlled e-records) and securely kept for a defined period in line with local policy.<br><br>All records should be clear, legible and contemporaneous.<br>A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy. |

## 4. Characteristics of DCHS Staff

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| **Qualifications** | A registered nurse working within ISHS who is deemed competent by their clinical line manager and authorised by their professional lead to undertake the clinical assessment of a patients leading to the identification of those suitable for management under this PGD. |
| **Additional Local Training** | Has undertaken the local training programme on the process, responsibilities and scope of PGDs.<br>Has undertaken local training based on the use of this PGD.<br>Has undertaken training in recognition of and treatment of anaphylaxis including basic life support in the 12 months.<br>Has undertaken Safeguarding Children Level 3 training in the last 12 months.<br>Has undertaken Safeguarding Adults Level 2 training in the last 3 years.<br>Individuals working under this PGD should hold an in date FSRH Letter of Competence Intrauterine Techniques (LoC IUT) which has been achieved or recertified within the last 5 years.<br><br>Individuals working under this PGD will be required to administer local anaesthesia in line with local protocols/PGDs and must be trained in such administration. |
| **Continuing Training & Education** | Evidence of Continuing Professional Development in ISHS nurse role.<br>Completion of BASHH competencies.<br>The nurse should be aware of any change to the recommendations for the medicines listed.<br>It is the responsibility of the individual to keep up-to-date with continued professional development and to work within the limitations of individual scope of practice. |

## 5. Key references

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| **Key references (accessed January 2023)** | • Electronic Medicines Compendium http://www.medicines.org.uk/<br>• Electronic BNF https://bnf.nice.org.uk/ |

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| | • NICE Medicines practice guideline "Patient Group Directions" https://www.nice.org.uk/guidance/mpg2<br>• FSRH Clinical Guideline: Intrauterine contraception (March 2023) https://www.fsrh.org/documents/ceuguidanceintrauterinecontraception/<br>• Faculty of Sexual and Reproductive Health Drug Interactions with Hormonal Contraception – May 2022 https://www.fsrh.org/documents/ceu-clinical-guidance-drug-interactions-with-hormonal/<br>• Faculty of Sexual and Reproductive Healthcare (2016) UK Medical Eligibility Criteria for Contraceptive Use. https://www.fsrh.org/documents/ukmec-2016/<br>• Faculty of Sexual and Reproductive Healthcare (2016 Clinical Guideline: Quick Starting Contraception (April 2017) https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/quick-starting-contraception/<br>• Faculty of Sexual and Reproductive Healthcare (2019) Service standards for record keeping https://www.fsrh.org/standards-and-guidance/documents/fsrh-service-standards-for-record-keeping-july-2019/<br>• FSRH CEU Resource: New one-handed, reloadable 52mg levonorgestrel-releasing intrauterine system https://www.fsrh.org/news/fsrh-ceu-resource-new-one-handed-reloadable-52mg-levonorgestrel/ (2021) |

# Appendix A – Registered health professional authorisation sheet

**PGD Name/Version:** PGD 212(S) Progestogen-Only Intra-Uterine System (IUS**)** v2.1

**Valid from:** December 2023 **Expiry:** 31st July 2026

Before signing this PGD, check that the document has had the necessary authorisations. Without these, this PGD is not lawfully valid.

**Registered health professional**
By signing this patient group direction you are indicating that you agree to its contents and that you will work within it.

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

| **I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.** | | | |
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| **Name** | **Designation** | **Signature** | **Date** |
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**Authorising manager**

| **I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of Derbyshire Community Health Services for the above named health care professionals who have signed the PGD to work under it.** | | | |
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| **Name** | **Designation** | **Signature** | **Date** |
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**Note to authorising manager**

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

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

PGD Authorisation Forms shall be maintained and retained by the Service Manager who is responsible for the safe storage of the records.