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

PATIENT GROUP DIRECTION (PGD)

Administration of lidocaine hydrochloride 1% injection to facilitate insertion and/or removal of subdermal etonogestrel (e.g. Nexplanon®) implant in BPAS Clinics.

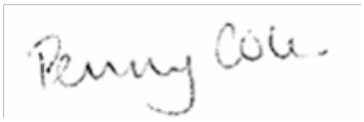
Version Number 3.0

Change History	
Version and Date	**Change Details**
Version 1 October 2020	New template
Version 1.1 June 2021	**Dose and frequency of administration section amended to:** **Insertion:** Initially 5-20mg (0.5-2ml). A further dose of up to 10mg (1ml) may be used if required to a total maximum dose of 30mg (3ml). **Removal:** 5-10mg (0.5-1ml). **Total maximum dose for concurrent removal and insertion is 40mg (4ml).**
Version 1.1 May 2023	PGD expiry extended to full 3 year term from authorisation in November 2020.
Version 2.0 May 2023	Updated template (no clinical changes to expired V1). Updated exclusions, cautions, adverse effects and references. Minor changes to some wording and formatting. Aligned content with other PGDs for same or associated medicine / group. Updated PGD development group members.
Version 2.0 January 2024	PGD expiry date changed from 31/10/2026 to 31/08/2026 to align with SPS PGD template expiry. No other changes to PGD content. Version number unchanged.
Version 3.0 April 2026	Planned end-of-life review (no clinical changes from expired version 2.1). Updated references to FSRH to CoSRH. Updated references. Updated SLWG membership. Update to Qualifications and professionals included and training in line with BPAS PGDs.

N.B. Review and update may occur prior to this period if national guidance changes or legal or clinical issues arise.

BPAS PGD Organisational Authorisations:

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

Name	Job title and organisation	Signature	Date
Penny Cole	BPAS Deputy Chief of Nursing and Midwifery		19/05/2026
Dr Ingrid Granne	BPAS Chief Medical Officer		19/05/2026
Kalpesh Thakrar	BPAS Deputy Chief Pharmacist		14/05/2026

Authorising Body:

Dr Fiona Lemmens	Executive Clinical Director, Cheshire and Merseyside ICB		15/07/2026

Responsible person who has approved this PGD on behalf of BPAS

Name: Heidi Stewart

Position: BPAS Chief Executive

Signature: 

Date: 19.05.2026

PGD DEVELOPMENT GROUP

Date PGD template comes into effect:	1st September 2026
Review date	1st March 2029
Expiry date:	31st August 2029

This PGD template has been peer reviewed by the Reproductive Health PGDs Short Life Working Group (SLWG) in accordance with their Terms of Reference. It has been approved by the College of Sexual and Reproductive Healthcare (CoSRH) in April 2026.

Note the working group and approving organisation(s) agreement to the content only applies to the national template and does not extend to any local adaptations made to any of the content which are solely the responsibility of the organisation authorising the PGD. The most up to date version of the template is available from the SPS national PGD, protocol and written instructions templates webpage.

Name	Position
Alison Crompton	Community pharmacist
Bola Sotubo	NHS North East London ICB pharmacist
Dr Cindy Farmer	Senior Vice President, Professional Learning and Development, College of Sexual and Reproductive Healthcare (CoSRH)
Clare Livingstone	Royal College of Midwives (RCM)
Dipti Patel	Local authority pharmacist
Emma Anderson	Centre for Postgraduate Pharmacy Education (CPPE)
Heather Randle	Royal College of Nursing
Julia Hogan	Clinical Nurse Specialist
Kate Devonport	National Unplanned Pregnancy Association (NUPAS)
Kirsty Armstrong	Senior Policy Lead – Clinical Strategy, Pharmacy, NHS England
Lisa Knight	Community Health Services pharmacist
Michelle Jenkins	Clinical Nurse Specialist Sexual Health Blackpool Teaching Hospitals, and member of Courses and CPD Committee, College of Sexual and Reproductive Healthcare (CoSRH)
Portia Jackson	Lead Pharmacist iCaSH, Cambridgeshire Community Services
Rachel Logan	Senior Pharmacist, BPAS
Tanya Lane	CoSRH Registered Trainer MSI Reproductive Choices
Jo Jenkins	Associate Director Medicines Governance, Medicines Use and Safety, Specialist Pharmacy Service
Kieran Reynolds	Advanced Specialist Pharmacist - Medicines Governance, Specialist Pharmacy Service
Rosie Furner (Working Group Co-Ordinator)	Advanced Specialist Pharmacist - Medicines Governance, Specialist Pharmacy Service
Sandra Wolper	Out of Hospital Care Lead, Medicines Use and Safety, Specialist Pharmacy Service

Characteristics of staff authorised to use this PGD:	
Qualifications and professional registration	Current contract of employment with BPAS Registered healthcare professional (HCP) listed in The Human Medicines Regulation 2012, Schedule 16 Part 4 legislation as able to practice under Patient Group Directions.
Initial training	The registered HCP 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. • Must be familiar with the medicine and observant to changes in the BNF and Summary of Product Characteristics (SmPC) • Pharmacological knowledge relating to the administration and supply of the medicine, its uses, contraindications, dosage and adverse effects including tailored dosing schedules. • Must be competent in the administration of adrenaline for anaphylaxis and have up to date Basic Life Support (BLS) skills as a minimum Recommended requirement for training would be successful completion of a relevant module/course accredited or endorsed by the FSRH, CPPE or a university or as advised in the RCN training directory. In addition, completion of the FSRH Letter of competence (LOC) in Subdermal implants (LOC SDI-IR/LOC SDI-IO) or locally agreed additional training and been assessed as competent at the insertion and/or removal of the subdermal implant which should also include training and been assessed as competent in the administration of lidocaine. Individual has undertaken appropriate training for working under PGDs for the supply and administration of medicines: • Recommended training - eLfH PGD elearning programme • Must have completed BPAS in-house PGD training package https://bpas.kallidus-suite.com/learn/ Must have completed required BPAS training (including updates) in safeguarding children and vulnerable adults in line with BPAS policy: BPAS Safeguarding Adults at Risk policy. BPAS Safeguarding Children and Young People policy.
Competency Assessment	Individuals operating under this PGD must be assessed as competent (see appendix A) or complete a self-declaration of competence for contraception supply. Staff operating under this PGD are encouraged to review their own 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. • Practitioners must complete 3-yearly PGD Theory Refresher training and competency assessment as per BPAS PGD policy Patient Group Directions (PGDs) and Other Legal Mechanisms for Supply of Medicines

	• Practitioners must ensure they remain up to date with relevant clinical skills, management of anaphylaxis, BLS (as a minimum), with evidence of continued professional development • Practitioners are responsible for maintaining their competency to work under this PGD
The decision to supply any medication rests with the individual registered health professional who must abide by the PGD an any associated organisational policy.	

Clinical condition or situation to which this PGD applies:	
Clinical condition or situation to which this PGD applies	Local anaesthetic for insertion and/or removal of subdermal etonogestrel subdermal contraceptive implant.
Criteria for inclusion	• Individual (age from menarche to 55 years) presenting for contraception and who has no contraindications • Any individual requiring the insertion and/or removal of etonogestrel subdermal contraceptive implant under the etonogestrel subdermal contraceptive implant PGD. Individuals requiring lidocaine for the insertion of a subdermal contraceptive implant should also meet the inclusion criteria of the BPAS etonogestrel subdermal contraceptive implant PGD. • Informed consent given.
Criteria for exclusion	• Informed 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. • Known hypersensitivity to an active ingredient or to any constituent of the product - see the Summary of Product Characteristics (SmPC) which can be accessed on the EMC website or other amide type anaesthetics • Individual who had received a previous maximum infiltration of local anaesthetic within 4 hours **Cardiovascular Disease** • Complete heart block • Hypovolaemia **Other conditions** • Porphyria *(*with exception of known acute porphyria, see cautions below. NB acute porphyria is exclusion criteria for implant)
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 refer to the BPAS Safeguarding and Management of Clients Aged under 18 policy • **Individuals who are breastfeeding.** The individual should be informed that small amounts of lidocaine may be excreted into the breast milk. The possibility of an allergic reaction in the infant, albeit remote, should be borne in mind when receiving lidocaine when breastfeeding. • The SmPC recommends use with caution in the following patient groups. Given the dose and route used, they are not excluded under this PGD. No additional monitoring is required. This is in line with FSRH feedback.

	○ Bradycardia ○ Congestive heart failure ○ Known acute porphyria ○ Known epilepsy ○ Known myasthenia gravis ○ Impaired respiratory function ○ Severe renal impairment (eGFR <10ml/min/Stage 5)
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 decline 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.

Description of treatment:	
Name, strength and formulation medicine	Lidocaine 1% w/v (10 mg in 1 mL) in 2mL, 5 mL or 10 mL ampoules
Legal category	POM
Route / method of administration	Subcutaneous or intradermal surface infiltration only
Off-label use	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 that the medicine is being offered in accordance with national guidance but that this is outside the product licence.
Dose and frequency of administration	**Insertion:** Initially 5-20mg (0.5-2ml). A further dose of up to 10mg (1ml) may be used if required to a total maximum dose of 30mg (3ml). **Removal:** 5-10mg (0.5-1ml). **Total maximum dose for concurrent removal and insertion is 40mg (4ml).**
Duration of treatment	Single episode of care permitted under this PGD (i.e. insertion or removal only or concurrent removal and insertion).
Storage	Medicines must be stored securely according to national guidelines, in line with the BPAS Medicines Management policy Medicines Management Policy and in accordance with the Summary of Product Characteristics (SmPC) which can be accessed on the EMC website
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 EMC website the online BNF and, as this PGD supports the administration of hormonal contraception, CoSRH CEU Guidance: Drug Interactions with Hormonal Contraception (May 2022) |

	CoSRH No clinically significant drug interactions are expected with lidocaine at the dose and route used within this PGD. Refer to a prescriber if any concern of a clinically significant drug interaction.
Identification and management of adverse reactions	A detailed list of adverse reactions is available in the SmPC, which is available from the electronic Medicines Compendium website: the EMC website or the online BNF Note when used for surface anaesthesia rapid and extensive absorption may result in systemic side effects. Hypersensitivity reactions (allergic or anaphylactoid reactions, anaphylactic shock) Adverse effects are rare and usually a sign of accidental intravascular injection, excessive dosage or rapid absorption from highly vascular areas, or may result from a hypersensitivity, idiosyncrasy or diminished tolerance on the part of the patient. Systemic toxicity mainly involves the central nervous system and/or the cardiovascular system. Monitor individual for signs of: • Confusion • Respiratory depression • Convulsions • Hypotension • Bradycardia • Dizziness If overdose or severe adverse reaction suspected manage following local policy. If necessary, seek appropriate emergency medical advice and assistance.
Additional facilities and supplies	• Access to working telephone • Suitable waste disposal facilities • Immediate access to in-date anaphylaxis kit (IM adrenaline 1:1000)
Management 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. • Adverse drug reactions must also be reported via Insight, including drug name, strength, formulation, batch numbers and expiry dates.
Written information and further advice to be given to the individual or carer	• Offer Manufacturer's Patient Information Leaflet (PIL). • Explain mode of action, side effects, and benefits of the medicine.
Advice/ Follow-up treatment	Advise individual: • How to care for the injection site and advise to return if concerns about the injection site. • Give information on who to contact in the event of an adverse reaction or concerns.

Records to be kept	The following must be recorded in the patient records in line with the BPAS' Record Keeping policy Record Keeping, using black ink if written: • The consent of the individual and/or • If individual is under 13 years of age record action taken • If individual is under 16 years of age document capacity using Fraser guidelines. If not competent record action taken. • If individual over 16 years of age and not competent, record action taken • Individual's name, address and date of birth • Attendance date • Reason for attendance • Relevant past and present medical and family history, including drug history • Any known allergy • Relevant examination findings • Inclusion or exclusion from PGD • A statement that administration is for insertion of subdermal implant and is by using a PGD • Advice given about the medication including side effects, benefits, and when and what to do if any concerns • Details of any adverse drug reactions and what action taken • Any referral arrangements • Any administration outside the marketing authorisation • Record the name/brand, dose of the medication, site of insertion (including which arm and exact location), and palpation of implant following procedure by both the nurse and the individual • Batch number and expiry date of product in line with local procedure • Record follow up and/or signposting arrangements • Any other relevant information that was provided to the individual • Name and signature (which may be an electronic signature) of the clinician supplying and administering the medicine Records should be signed and dated (or a password-controlled e-records) and securely kept for a defined period in line with local policy. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy. **All records should be clear, legible and contemporaneous**

Key References	
Key references (accessed February 2026)	• Electronic Medicines Compendium • Current edition of British National Formulary • NICE Medicines practice guideline MPG2 - Patient Group Directions - Last Updated 27 March 2017 • Resuscitation Council (UK) Emergency Treatment of anaphylactic reactions: Guidelines for health care providers Resuscitation Council, 2021 • CoSRH Clinical Guideline: Progestogen-only Implant (February 2021, amended Jul 2023) • BPAS Patient Group Directions (PGDs) and Other Legal Mechanisms for Supply of Medicines. Updated November 2024 Patient Group Directions (PGDs) and Other Legal Mechanisms for Supply of Medicines • BPAS Safeguarding Adults at Risk policy. Updated July 2025 Safeguarding Adults at Risk

	• BPAS Safeguarding Children and Young People policy. Updated August 2025 Safeguarding Children and Young People • BPAS Medicines Management Policy. Updated May 2025. Medicines Management Policy • BPAS Record Keeping Policy. Updated December 2023. Record Keeping

Audit and ongoing monitoring of this PGD

Please refer to the 'Audit' section of the BPAS Patient Group Direction policy for additional guidance in relation to PGD audit. Patient Group Directions (PGDs) and Other Legal Mechanisms for Supply of Medicines

The PGD audit tool is available here: British Pregnancy Advisory Service - Audit Tools - All Documents (sharepoint.com).

Appendix A: Approved Practitioner List

Patient Group Direction (PGD) name:	Administration of lidocaine hydrochloride 1% injection to facilitate insertion and/or removal of subdermal etonogestrel (e.g. Nexplanon®) implant v3.0	
	Valid from: 01/09/2026	**Expiry: 31/08/2029**

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 and agree with the following statement:

'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.'

Patient group directions 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 professional code of conduct.

Name (print)	Designation	Registration number	Signature	Date

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 BPAS for the above named health care professionals who have signed the PGD to work under it.				
Name	**Position**	**BPAS Treatment Unit**	**Signature**	**Date:**

Note to authorising manager

- Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.
- If registered health professional signatures need to be added at a later date, e.g. due to staffing changes, a separate Approved Practitioner List must be signed, ensuring the correct PGD name and version is detailed.
- This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this PGD for the period specified in the BPAS PGD policy.
- This list must be stored by the Treatment Unit in a designated folder and be available for immediate inspection, alongside any training / competency records. If a registered professional works across multiple sites, they must sign the Approved Practitioner List for each PGD at each BPAS site where they will use the PGD.