15 December 2011

Dear Ms Wilson,

CONSIDERATION OF PETITION PE 1408 - PERNICIOUS ANAEMIA

Thank you for your letter of 15 November to Anne Lillico and Denise McLister about this Petition, lodged by Mrs Andrea MacArthur, which calls on the Scottish Parliament to review and overhaul the current out-dated and ineffective method of diagnosing and treating Pernicious Anaemia/vitamin B12 Deficiency.

In relation to the request to the Scottish Government I would like to offer the following comments.

Q What are your views on the issues raised in the petition and during the discussion of the petition?

The Scottish Government takes this issue seriously and in line with the Healthcare Quality Strategy which aims to ensure that people with long term conditions receive high-quality, safe, effective and person-centred care, is committed to improving awareness, diagnosis and treatment for people irrespective of their condition.

Q What is your understanding of the current guidance that is available to health practitioners in relation to the diagnosis and treatment of Vitamin B12 deficiency and Pernicious Anaemia?

**Diagnosis**

All GPs are expected to be able to address the signs and symptoms of a patient presenting with Pernicious Anaemia. This includes dealing with conditions that present early in the course of an illness and in a non-specific way, by selective history taking, physical examination (including a neurological examination) and investigations, to formulate an
effective and appropriate management plan. The process of diagnosis should take into account the incidence and prevalence of conditions in the community and identifying conditions or symptoms which may be significant ensuring appropriate care is arranged. All GPs should be able to manage any patient who presents with Pernicious Anaemia.

Healthcare professionals are expected to follow agreed local and national guidelines which are complemented by the agreed pathways in NHS Boards for the management of various health conditions, including Pernicious Anaemia.

GPs will undertake to diagnose the causes of anaemia from the patient’s history, symptoms, examination and blood tests, including B12 and folate levels. The patient can also be referred to a specialist for diagnosis and treatment, where appropriate and with the consent of the patient. Other tests that are available include colonoscopy and gastroscopy, as well as tests for other causes of anaemia. The British Committee for Standards in Haematology are currently developing a guideline on the diagnosis of B12 and folate deficiency which is expected to be published in March next year.

Treatment

Once the diagnosis has been confirmed the care arrangements, which will in many cases involve input from the person’s GP, a specialist and other appropriate healthcare professionals will usually be agreed with the patient and their carer. To ensure that healthcare professionals have access to the latest advice relating to the management of this condition, they are able to draw on any information that he or she may require to deliver high quality, person-centred care, such as the knowledge Network in Scotland, supported by NHS Education for Scotland, and other appropriate and validated sources of education and training.

The most common treatment for Pernicious Anaemia is B12 injections which are a form of prescription-only medicine. This means that it must be prescribed by a doctor, dentist, pharmacist or independent nurse prescriber. The aim of the treatment is to treat the anaemia and its symptoms and prevent further complications. It requires ongoing follow up support to ensure that the treatment is working. GPs are expected to prescribe medication according to the licence granted for its use by the Medicines and Healthcare Products Regulatory Agency (MHRA), and would therefore follow the recommendations in the British National Formulary which state that after diagnosis patients should receive up to three intramuscular 1 mg injections of B12 in the week for 2 weeks and then 1 mg every three months. In those cases where patients have been identified as having neurological complications 1mg injections should instead be given on alternate days until no further improvement is observed, and then every 2 months as maintenance. Prophylaxis of this type of anaemia associated with vitamin B12 deficiency is managed by 1 mg every 2-3 months. It is advised that patients should be referred to a specialist if the symptoms recur before the next injection is due.

Education for Healthcare professionals

Through annual appraisals GPs are able to identify their learning needs to help manage their patients in the best way possible. They can address these needs through Continuing Professional Development (CPD) resources such as advice from Medical Royal Colleges, the knowledge Network in NHSScotland, medical journals and GP press.
Most NHS Boards also resource a ‘Protected Learning Time’ initiative, which supports a GP practice to close for half a day a month, to enable the practice team members to undertake planned training. The GP training curriculum also includes investigation related to all types of anaemia, including pernicious anaemia.

Have you had any dialogue with the UK Health Minister on the issue, if not do you have any plans to do so in the future?

No there has been no dialogue with the UK Health Minister. There are currently no plans to discuss this with the UK Health Minister.

Yours sincerely,

NAUREEN AHMAD