**Public Questions put to the CCG’s Governing Body 2020**

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| **Date: 30 July 2020****Public Question****Along with many others, I am suffering from the recent guidance of the CCG to GPs to discontinue B12 injections, even for those diagnosed with Pernicious Anaemia and therefore unlikely to benefit from oral medication.   What is the cost saving projection for discontinuing injections and does this take into account of the cost of treating these patients for their symptoms by other means?  (For example, I have been put on three new medications since injections were stopped to deal with new symptoms)."** | **CCG Response**In January 2020, the CCG published its guidance for primary care practitioners on the management of B12 deficiency. This guidance was developed by a working group, which included local GPs, pathologists and haematologists who frequently support patients with B12 deficiency. The working group considered the available evidence as well as guidance from national bodies and other healthcare trusts, along with local expert opinion. The guidance was then approved for publication by the appropriate internal CCG committees. In developing the guidance, the working group acknowledged and considered the wide range of opinions on treatment options. The recommendations within the local guidance are considered a pragmatic approach and offer a starting point for clinical decision making. For some patients the local guidance recommends changing from vitamin B12 injection to oral B12 tablets. In most cases, the tablets can be purchased relatively inexpensively by patients from pharmacies and health food shops, without the need for a prescription. Based on clinical circumstances, there are some patients for whom B12 injection remains the recommended first choice.Any changes from B12 injection to tablets, as a result of the implementation of the Gloucestershire guidance, are not expected to result in significant prescribing cost savings, as the prescribing costs of B12 are less than £20 per year, per patient. However, reducing the use of injections, where clinically appropriate, offers additional benefits, namely reducing the administration time of nurses spent providing the injections. In addition there is less inconvenience to patients from only having to take tablets rather than have injections.For any patient who experiences specific symptoms as a result of a change from B12 injection to tablets, the patient should consult the clinician involved in their care. |

***NB. There are six meetings of the CCG’s Governing Body each year. For May 2020 there were no questions.***