

B12: Q&A on BMG Switch from injections to Oral medication

Message for GPs

As you may be aware the Pharmacists have been looking at B12 for some time. When the CV-19 started, although some felt this was hype, we thought otherwise and looked stopping all B12 injections. We put it to the partners and they gave us the green light to proceed.

We identified 1,300 patients. A short message was created and approved, This was sent out: Those with mobile phones by iPlato those without were sent a message. A list was created and sorted by date of last injection. All pharmacies were notified of our plans and that they needed to source stock ASAP. We created a report that showed, last injection, last B12 and if IF had been done as well as FBC, MCV and haemocrit. By exporting to Excel we could flag who needed to be reviewed before proceeding. Kay, Michael and myself have worked through the weekend to ensure all were reviewed and scripts issued for oral B12 (see FAQs below for reasoning).

Having done all this work, we need your support. Be aware of why we did it. We spent a long time reviewing and considering each to avoid work for the GPs. If you do have patients who are directed to you please blame us, refer to us, say that it was all our doing – time is soon going to be precious and doing this we feel has mitigated clinical risk as much as possible, protected staff and patients and freed nurse time. Please do not restart anyone without discussing with us. It may well be correct but the criteria you use to restart must be fair and equally applied or we have just created a major and significant event.

At the end of this time we fully intend to review all patients and have their bloods done. Having looked at published papers it will be the biggest and longest study of oral B12 ever conducted.

Thank you for your support

B12: Q&A on BMG Switch from injections to Oral medication

The following information was sent to all patient facing staff to inform them of why this was done and to hopefully answer questions at the first contact rather than trigger multiple contacts and take up precious time.

As prescribers it is important that you are aware of this work and also say there will be considerable pressure on you to prescribe

As you are aware BMG have made a decision to switch all patients who are currently prescribed B12 injections to oral. Currently there are 1,300 such patients who come to the practice every 2 or 3

months to have this done. Coronavirus has made it necessary for us to take the decision that ALL patients will be moved during the challenging months ahead to oral tablets. Clear reason: Risk reduction:

- Patients do not come to surgery – especially when most will fall under the ‘At Risk’ category and should self-isolate
- Do not put our staff at risk as all would require full protection gear to do this.
- It will free up valuable nurse time: Staff health will become an issue and the staff who do this activity will soon be required for other tasks.

It is important that we deal with priority tasks and this means staff being able to answer questions to protect other staff time.

Frequently asked questions on B12 injections:

Q: I must have my B12 injection as I have a medical condition.

A: Whilst many people DID have a medical condition, such as pernicious anaemia, ALL patients start B12 by having 5 or 6 loading doses. 50% of this goes into the liver and is stored for when the levels start to go down again. All patients have a 3 month ‘top up’. All patients who are currently prescribed B12 will have levels sufficient to carry them through these challenging months ahead

Q: I’m at risk if I don’t get them!

A: Looking at what happened in China and now in Italy it is without doubt the biggest global threat we have faced since Spanish Flu of 1918. Whilst many fear not having their B12, it is clear that the threat of CV-19 far exceeds any benefit a patient may feel they obtain from their injections.

Q: I need the injection as I HAVE BEEN TOLD that I CANNOT absorb B12.

A: B12 is the largest of the vitamin molecules. We don’t make it – it has to be obtained from the diet. Patients are almost all aware that B12 mainly gets into our body because of a ‘carrier’ called intrinsic factor (IF). This IF binds to B12 and takes it into the blood. HOWEVER: there is another 5% which is absorbed without IF. The problem is that modern diet is so low in B12 that deficiency rates are spiking. This is not due to lacking IF – it is due to low amounts in the diet.

Advise patients that: A good diet contains 2 – 5 mcg of B12 and we will absorb this. Few intake this amount and so deficiency is inevitable.

Q: I cannot absorb B12: Again this links to patients believing this having been told and for most this has been endorsed by the Internet. We have prescribed 1,000mcg tablets daily – That is 400 times that normal recommended amount. Even in patients who DO NOT HAVE IF they will absorb their daily recommended amount.

Q: I have pernicious anaemia?

A: For some – they did, but they don’t now as has been treated because they have had their loading dose. The loading doses which everyone has had has treated the pernicious anaemia. The 3 monthly

injections are simply a precaution to stop it coming back. As stated, they have sufficient levels and stores to take us through this difficult time.

Q: Only B12 injection has been proven to work.

A: Again: untrue. Whilst historically we use injection this is to get quick and speedy resolution if a problem exists. There is no evidence that oral B12 is inferior or puts patients at risk.

Bottom line: ALL patients who have been switched to oral have been informed. Nationally, all NHS organisations will be stopping B12 injections. Some will offer oral on a script, other areas have stopped and asked patients to purchase it.

Q: I was sent a text/letter telling me about this. I went to my nominated pharmacy and it's not there. What's going on?

A: There are 1,300 people that the pharmacy team have to individually check before starting this new oral B12. The majority have been done, with only a few hundred left to change and issue.

Q: I've just had my injection. Do I go to get and start these oral B12 meds now?

A; If you have just had your injection we have issued a post-dated script to start one month before your next injection was due.