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The Scottish Government
Riaghaltas na h-Alba

In 2014 Scotland Welcomes the World

Andrew Howlett
Assistant Clerk to the Public Petitions Committee
T3.40
The Scottish Parliament
Edinburgh
EH99 1SP

8 December 2014

Dear Mr Howlett

Thank you for your letter of 31 October 2014, about Petition PE 1408, 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 your letter, you advised that the Committee has the following questions:

- Can you provide an update on the outcome of the Diagnostic Steering Group's consideration of the issues raised by the BCSH guidelines, following its November meeting?
- When will the guidelines be disseminated to GPs in a suitable format for use in the practice setting?
- What is the Scottish Government's view on the petitioner's concern about patients who might benefit from more frequent injections?
- What is the Scottish Government's view on the petitioner's suggestion that the guidelines be included in the British National Formulary?

I can confirm that the guidelines were considered by the Diagnostic Steering Group (DSG) at their meeting on 11 November 2014. The group agreed the guidelines are not currently presented in a suitable form for use in the practice setting and it was agreed that John Burns, Chair of DSG and Aileen Keel, Acting CMO, would formally ask the Scottish Haematology Society (SHS) to prepare a summary document (based on the BCSH guidelines) to provide GPs in Scotland with appropriate guidance on B12 deficiency. The timetable for dissemination to GPs will need to be agreed in discussion with the SHS.

With regards to treatment, the BCSH guideline reflects the treatment that is outlined in the British National Formulary, however it recommends a pragmatic approach in patients with neurological symptoms by reviewing the need for continuation of alternative day therapy after 3 weeks of treatment. In respect of more frequent injections, the guideline states that "although there is little evidence that more frequent dosing is harmful, specific objective

studies demonstrating clinical benefit are absent, and the Guidelines Working Group cannot make specific recommendations."

In response to your question about the British National Formulary (BNF), I would advise that the BNF is not, in general, used as a source of clinical guidelines, but it is mainly used for information on medicine use. The BNF states that readers are invited to send in comments to the editor and this feedback helps to ensure that the BNF provides practical and clinically relevant information. The contact for healthcare professionals is editor@bnf.org and for manufacturers or pharmaceutical companies manufacturerinfo@bnf.org. The Scottish Government is advised that the majority of the work, including screening for potential updates, is done by the BNF staff. They take advice from a range of professional clinical advisers and professional bodies, including the Medicines and Healthcare Regulatory Authority (MHRA). We are advised that the BNF Committee members are mainly involved around decisions about what should be included when there are differences between current NICE or SIGN guidance, European Medicines Agency guidance and professional group guidelines etc. and how the changes are best phrased to support prescribers.

I hope that the Committee finds this reply helpful.

Yours sincerely

Elizabeth Porterfield
Head of Strategic Planning and Clinical Priorities