East Lothian Health & Social Care Partnership

Community Treatment and Care Services

Service Specification for provision of Intramuscular Hydroxocobalamin (Vitamin B12) Injections

Overview:

To support safe and timely administration of Intramuscular (IM) hydroxocobalamin (vitamin B12) injections to patients with a diagnosed Vitamin B12 deficiency within the Community Treatment and Care Service (CTACS)

Inclusion Criteria:

CTACS will support administration of B12 for the following indications in line with Ref help guidance:

- Pernicious anaemia.
- History of gastric surgery as cause of B12 deficiency (including gastrectomy, bariatric surgery, gastric bypass, sleeve gastrectomy, duodenal switch, terminal ileum resection).
- Malabsorption.
- Coeliac disease (if dietary exclusion of gluten and/or oral B12 supplements have not been effective).
- B12-related neurological symptoms - only where the patient has had their B12 deficiency managed as per Ref help guidance.
- Presumed dietary deficiency of vitamin B12 - where Ref help guidance has been followed and advice to increase oral B12 intake or oral B12 supplements have not been effective.
- Other indications where there is a clear clinical justification for B12 injections which is in line with Ref Help guidance or specialist advice.

Exclusion Criteria:

- Patients unwilling or unable to attend a CTACS location.
- Patients with no diagnosis and supporting prescription and medication from prescribing clinician.

Version 1: Date: Nov 2023. Review Date: Nov 2024
Author: Krista Clubb

GP Responsibility:

- All patients must have a diagnosis of B12 deficiency made by their own primary care clinician or secondary care consultant to access B12 administration within the service.
- Following diagnosis, an appropriate prescription must be issued by the prescriber, and this must be clearly documented on the GP prescribing system or in the case of secondary care clearly recorded in Trak medications or on an immediate discharge letter which must be available to CTACS at time of appointment to cross reference prescription.
- The referring clinician is responsible for ensuring that the medication has been prescribed correctly on the GP clinical IT system, so that it is visible on the emergency care summary (ECS) for the CTACS nurse to confirm the prescription before administration. **Loading Doses** should be added to Acute Prescription and **long-term treatment** added to Repeat Prescribing. The prescription must also include the following dataset: -

    - **Name of medication**
    - **Strength and dose of medication**
    - **Frequency of administration (preferably in weeks, not months)**
    - **Method of administration (i.e., intramuscular)**

    e.g., Hydroxocobalamin 1mg/1ml solution for injection, 1mg to be administered intramuscularly every 12 weeks.

    NB: If a prescription is unclear or does not include the minimum data set the patient cannot receive their injection and will be asked to return to their practice to have the prescription corrected.

- Referring clinicians should advise patients to contact CTACS directly to arrange their appointment. Patients should be advised they must bring the medication to every appointment and that the medication will only be administered in line with the prescription frequency. Early attendance and administration outwith the prescribed frequency will not be possible.
- Referring clinician will remain responsible for ongoing prescribing, clinical and medication reviews in line with relevant guidance to ensure ongoing suitability and continuation of the medication.
- Referring clinicians are responsible for any subsequent changes to frequency of administration. Any changes must be accompanied by an alteration to the prescription record on the GP clinical system and supported by issue of a new prescription and the new medication must be brought by the patient to next appointment.
- Discontinuation of medication – where a referring clinician decides that the medication should be discontinued, they must stop this on the repeat prescribing system. Repeat prescribing is reviewed on ECS at each contact by the nursing team and is used as a reference to ensure that the prescription is still active, and administration can proceed.

CTACS responsibility

CTACS admin team will be responsible for:

- Making of initial and follow up appointments following initial contact by the patient.
- Confirming with patients that they have seen the GP first and are in possession of their B12 injections, in their original labelled package issued by their community pharmacist, which they must bring to their appointment.
- Where the patient is being referred from secondary care (usually after starting B12 during an admission), ensuring that patients are advised to bring their injections and their immediate discharge letter to the appointment.
- Checking with patients that return appointments are scheduled for a date which is on or after their prescribed due date for next injection.
- Advising patients requesting early doses that the team are unable to administer early, and these requests should be directed to the GP.

CTACS Nursing Team will be responsible for:

- Administering Hydroxocobalamin injection under a patient specific direction (PSD). This is formed from the prescription being active on repeat prescription on the practice computer system and should reflect the prescribing detail outlined on the medication that the patients bring with them to the consultation. The nursing team **MUST** access the repeat prescribing data, with the patient's consent, from the Emergency Care Summary (ESC) viewable in TRAK, before every episode of care to ensure prescription is still active.
- Checking previous dates of injection (where applicable) before administration to ensure injections are being administered no sooner than the prescribed interval. (*NB: Please note prescribing guidance provided below).*
- Only administering medication that has been dispensed from a pharmacy on a GP10 with specific instructions and the patient's identification details on. This must be in line with prescribing data on the GP system. Or dispensed by hospital pharmacy with an accompanying discharge letter.
- Advising patients attending without the correct prescribing information recorded that the team are unable to administer injection and direct them back to practice to have this amended.
- Advising patients requesting early dosing that the team is unable to deviate from prescribed frequency and direct patient back to GP for consideration of request and amendment of prescribing frequency and issuing of new prescription where appropriate (see GP responsibility).
- Ensuring emergency treatment is available in the event of anaphylaxis before injections are given.
- Ensure appropriate delegation is in place where non-registered members of staff are supporting administration in line with local guidance.
- Document all consultations in TRAK and share these after each episode of care with the GP practice via TRAK correspondence. Standard documentation should include:
    - Medication name and dose administered.
    - Method of administration & anatomical location of administration.
    - Batch number and expiry date.

- Due date of next B12 injection (this should also be shared with patient so they can book their next appointment)

Any issues (e.g., more than three months late for injection).Prescribing guidance:

The below information should be followed to support clear and consistent prescribing and administration.

- Prescribing frequency:

  Prescribing frequency should, where possible, be prescribed in weeks as this allows easier scheduling of future appointments:

  e.g. Hydroxocobalamin 1mg to be administered intramuscularly every 12 weeks.

  An alternative acceptable frequency is in months:

  e.g. Hydroxocobalamin 1mg to be administered intramuscularly every 3 months.

Administration:

- ***Earliest Date of Administration****
  To support ease of management and to provide clear and consistent administration whether a prescribing frequency is prescribed in weeks (e.g., 12 weeks) or months (e.g., 3 months), the earliest return dates should be calculated in weeks/days.
- ***Latest date of administration*****
  Injection should be given as close to the earliest date of administration as possible. However, there is no latest return date. If patient is presenting after the minimal interval, medication can still be administered. This supports administration when an earliest return date may fall on a weekend, bank holiday or when an individual may be on holiday. Injection can be given at soonest point thereafter. There is no requirement to delay administration if the patient has been delayed receiving injection or not attended previous planned appointments, but the GP should be notified if the patient is more than 3 months late.

There is no requirement to consider blood testing or restarting of loading doses. GP will retain responsibility for ensuring appropriateness of ongoing prescriptions and this will include where required review of if patient is attending service at prescribed time intervals. CTACS nurses can and should highlight issues in their correspondence if they have concerns that patients continue not to attend at planned time intervals.

The table outlined below highlights examples of calculating earliest return date: -

Prescription Frequency	***Earliest date of Administration ****	***Latest date of administration *****	***Notes***
12 weeks	*12 weeks/84 days* *i.e., 12 weeks x 7days = 84* *(Appointment should be given as close to/after 84 days as possible)*	*Any date thereafter*	*Injection should not be administered any earlier than earliest date of return – any early requests should be directed back to GP for alteration of prescription.* *It is acceptable to give at any time after the earliest date of return. There is no requirement to restart loading doses/delay administration or seek clarity from GP if prescriptions are still valid.*
3 months	*Earliest 84 days (Administering between 84 and 93 days acceptable)* *3 months = 12 weeks at earliest* *12weeks x 7 = 84 days* *Full calendar month max i.e., 31 days x 3 = 93*		
Any alternate timeframe prescribed in weeks	*To be given at earliest in number of days from last dose.* *e.g., 11 weeks frequency* *11 weeks x 7 days = 77 in days*		
Any alternative timeframe prescribed in months	*To be given at earliest in number of days from last dose.* *e.g., 2 months* *Earliest 56 days (Administering between 56 and 62 days acceptable)* *2 months = 8 weeks at earliest* *8 weeks x 7days = 56 days* *Full calendar month max i.e., 31 days x 2 = 62*		