

Chief Medical Officer  
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14 August 2024

Sent by email to all GP Prescribing Leads in:  
Barking and Dagenham, Havering and Redbridge

Dear Colleagues

**Enabling safe supplies of adrenaline auto-injectors (AAIs) in primary care**

I am writing to you regarding an urgent matter relating to the provision of adrenaline auto-injectors (AAIs) in primary care for North East London children of school going age.

NHS North East London ICB's System Prescribing and Medicines Optimisation (SyPMO) Board is responsible for medicines optimisation policies and position statements across North East London. At its July 2024 meeting, the SyPMO was presented with concerns held by local paediatricians relating to guidance on AAIs, previously issued by some of our predecessor CCGs.

**Summary of concerns**

The guidance this letter refers to was issued in 2017. It advises practices in Barking and Dagenham, Havering and Redbridge that as national legislation had been introduced at that time to allow schools to purchase adrenaline autoinjectors, GPs were not required to prescribe additional AAIs for the purpose of enabling those of school going age to have a supply of their AAIs at their school. Though the guidance was correct in terms of the update on legislation allowing schools to purchase and hold AAIs for emergency use by their students, in practice the legislation was voluntary and this discretionary practice has not been universally adopted across NEL schools.

Our local paediatric allergy clinics have received reports from some NEL parents and guardians that their children / charges either

- are unable to attend school because it is no longer safe for them to do so as they have no access to an AAI at school in case of anaphylaxis or
- have to have two AAIs held at school at all times (as a condition of their attendance of their school) so the two AAIs that their general practice limits them to are held solely at school. Such arrangements are thus compromising the safety of children outside of the school environment.

**Advice to primary care clinicians and prescribers:**

**A. Immediate action:**

**All practices are requested to immediately withdraw the 2017 advice / letter from your practice's pathways, recommendations and other systems and processes in place in your practice. Please ensure all permanent and locum clinicians and support staff are aware of this recall.**

**B. Current Advice for Clinicians:**

- i. **Long standing regulatory and clinical advice:** recommends that patients should have immediate access to two AAI(s) due to the possibility of severe reactions requiring more than one dose of adrenaline before emergency services arrive, or in cases of device failure or misplacement of the first injection.
- ii. **Availability of AAI(s) for children:** Children clinically eligible for AAI(s) must have access to at least two AAI(s) – in and out of school settings. Schools should always have access to at least two AAI(s) to administer to children in case of anaphylaxis. It is not uncommon for primary schools to request that a pupil's AAI(s) be left on school premises. However, pupils must still have access to AAI(s) when travelling to and from school as well as at home or other out of school settings.
- iii. **Quantities of AAI(s) to be prescribed by primary care clinicians:** Parents may therefore ask for a total of four AAI(s) (two for schools and two for other times). Clinicians can consider reducing this to two AAI(s) for older children where the prescriber is confident that an older child has become capable of self-administration.

**C. Collaboration:**

NEL ICB will co-ordinate work with senior paediatric and allergy colleagues in secondary care, as well as local authorities responsible for schools, to develop a comprehensive NEL ICS wide prescribing policy for AAI(s) as well as guidance for parents and guardians across NEL.

Thank you for your attention to this matter. As advised, please can I ask that you review your current practice policies relating to patients at risk of anaphylaxis and prescribing of AAI(s) and ensure it is in line with the above recommendations. Please feel free to contact the ICB by emailing [nelondonicb.prescribingqueries@nhs.net](mailto:nelondonicb.prescribingqueries@nhs.net) with any questions you may have on AAI(s).

Yours Sincerely,



**Paul Gilluley**  
**Chief Medical Officer**  
NHS North East London  
Part of North East London Health and Care Partnership

**References:**

1. **Guidance on the use of adrenaline auto-injectors in schools.** (2017). [Retrieved from publishing.service.gov.uk](https://www.publishing.service.gov.uk)

2. **The British Society for Allergy and Clinical Immunology.** (2023). *Adrenaline auto-injector prescription for patients at risk of anaphylaxis: [BSACI guidance for primary care](#)*. Retrieved from [BSACI](#)
3. **National Patient Safety Alert: Class 1 Medicines Recall Notification: Recall of Emerade 500 micrograms and Emerade 300 micrograms auto-injectors, due to the potential for device failure.** (2023). Retrieved from [GOV.UK](#)
4. **Legislation for schools relating to food allergies: Spare Pens in Schools.** (n.d.). Retrieved from [Spare Pens in Schools](#)