NHS SCOTLAND

Children & Young People's Allergy Network Scotland

CYANS Primary Care Survey

Evaluation report 2013

Children & Young People's Allergy Network Scotland

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1. Introduction and aims of the survey

It is estimated that 90% of children and young people with allergies will be managed in primary care although the majority of the conditions treated will be mild to moderate allergic conditions. Allergy is estimated to account for approx 4% of GP consultations and therefore has a significant impact on service provision.

The aim of the survey was to collect information on the provision of allergy services in primary care and highlight any gaps or issues that prevent the delivery of high quality allergy care to children, young people and their families.

The primary care survey received a total of 95 responses, with 13 out of a possible 14 NHS Scotland health boards responding. The majority of respondents to the primary care survey were general practitioners, nurses including practice nurses, health visitors and school nurses and community dieticians.

The survey was sent to identified primary care contacts within each health board in Scotland, and where responses were fewer than expected, CYANS members and child health commissioners within the identified health board were targeted until a satisfactory response was achieved. The survey was available online from May to November 2012.

2. Results of the survey indicated;

- 98% of respondents to the survey stated that they felt that allergy care was important in primary care.
- Only 14% of clinicians surveyed felt they have a clinician with allergy expertise working within their practice, leaving 86% without direct access to allergy expertise.
- The majority of common allergic conditions are diagnosed and managed within primary care.
- The majority of referrals to secondary care are made to general paediatrics and in some health boards to allergy services where these are established
- 85% of respondents don't have access to a local dedicated allergy service, and lack competence to request specialist allergy services eg immunotherapy, food challenges etc

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Clinicians were asked to respond to a series of questions about the following areas of allergy care in their area,

3. Diagnosis and management of allergic conditions

Clinicians in primary care diagnose and manage the majority of asthma (97%), eczema (97%) and allergic rhinitis (96%), drug allergies (81%) and about half of all anaphylaxis (57%) and food allergy (51%), insect venom allergy (46%) and latex allergy (33%) in general practice.
The majority of patients with multiple severe allergies (81%) are not managed within primary care.

Food allergy

- While 51% of respondents diagnose and manage children with food allergies, 45% always refer IgE-mediated food allergy which in the majority of cases is likely to be simple uncomplicated food allergy. Much of this could be managed in primary care

- 73% of respondents have children with multiple food allergies in their practice although 70% of these respondents stated they do not manage these patients themselves.

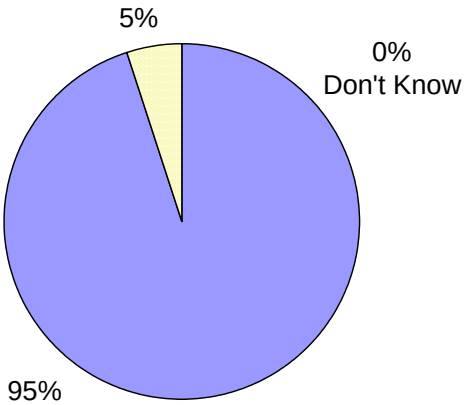
The presence of multiple food allergies is generally seen as an indication for referral to a specialised allergy service. It is therefore striking that respondents from some health boards felt they had to manage these children within their practice as there was no service to refer to.

Anaphylaxis

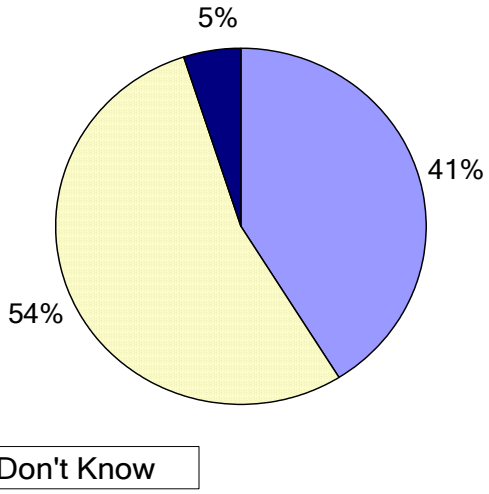
- 57% of respondents diagnose and manage children with anaphylaxis but most (67%) manage only very few by themselves and appropriately refer most cases to secondary care. 19% of respondents (mostly from remote and rural areas) manage most or all anaphylaxis cases themselves in primary care.
- 95% of respondents prescribe adrenaline auto-injectors to children at risk of anaphylaxis. Such prescriptions must be supported by training of parents/young people in the use of these devices and in the emergency treatment of anaphylaxis but only 41% of respondents have a clinician in their practice who can provide this essential training.
- Only 5% of clinicians manage all children known to be at risk of anaphylaxis themselves and children are referred to general paediatric clinics or specialists allergy services where these exist.

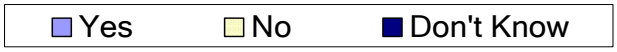
Graph 1 anaphylaxis

Do you currently prescribe adrenaline auto-injectors (e.g. Epi-pen) to patients at risk of anaphylaxis?



Do you have an identified clinician who can advise patients/carers how and when to use their adrenaline auto-injectors?





Multiple severe allergies

- 81% of respondents do not diagnose and manage children with severe allergies.
- 92% are not managed within the practice but are appropriately referred to secondary care.

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4. Referral practice in primary care

The majority of referrals to secondary care are made to general paediatrics and in some health boards to allergy services where these are established.

58% and 67% of respondents refer anaphylaxis and IgE-mediated food allergy respectively to general paediatric clinics and 32% and 25% respectively refer to allergy clinics. The high rate of referrals to general paediatrics is likely to be due to the following factors

- An absence of allergy services in some health boards.
- Insufficient capacity of established allergy services
- In some health boards the referral processes from primary care is to general paediatrics by default
- Lack of awareness of what provision exists locally.

Referrals for asthma, eczema and allergic rhinitis are appropriately made to organ- based specialist service.

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Table 1 **Referrals**
Do you refer children with the following conditions to specialist service?

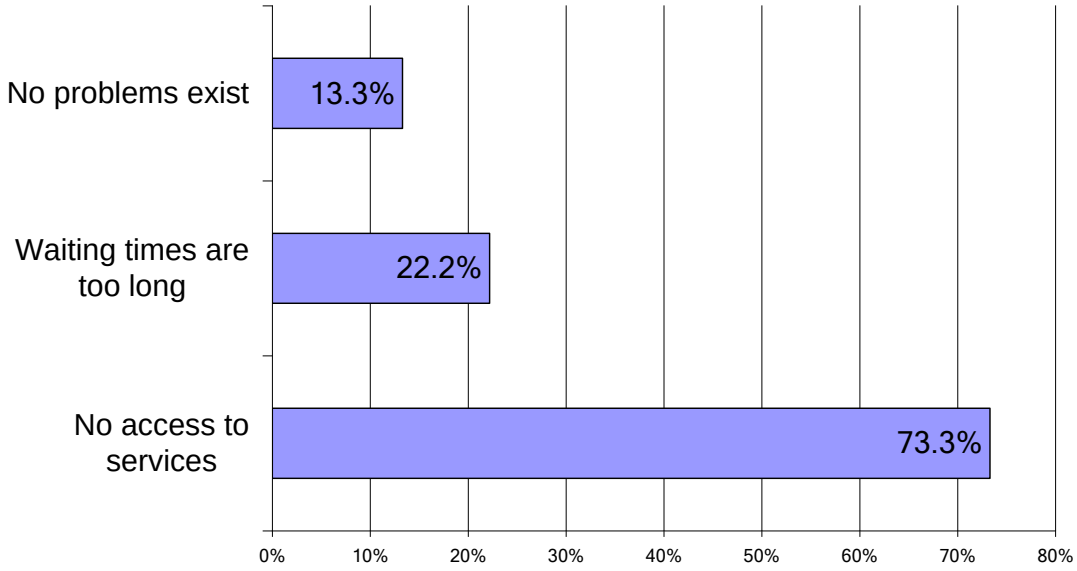
Condition	Referral to general Paediatrics	Referral to Paediatric allergy	Referral to organ based specialities
Anaphylaxis (52)	58%	32%	2% Respiratory 2% Gen Med 6% other
Food Allergy IgE (53)	67%	25%	2% Respiratory 2% Paediatric GI 4% other
Food Allergy delayed (54)	67%	17%	2% Respiratory 2% Peadiatric GI 8% other
Asthma (53)	40%	0%	58% Respiratory 2% other
Eczema (53)	10%	0%	88% Dermatology
Allergic Rhinitis (52)	12%	0%	76% ENT 6% Respiratory 2% other
Multiple severe allergies (49)	55%	40%	2% Respiratory 2% other
Drug allergy (51)	57%	38%	5% other
Insect venom allergy (49)	54%	38%	8% other
Latex allergy (48)	33%	44%	11% Dermatology 2% Paediatric GI 3% Adult Immunology 6% Other

Problems with referrals
Problems with referrals identified by respondents included:

- No allergy service to refer to.
- Patchy provision of allergy services across Scotland.
- Unaware of what allergy provision exists locally.
- Lack of confidence to request specialist allergy services e.g. food challenges.

Graph 2 problems with referrals

If problems exist with allergy referrals, is this because:

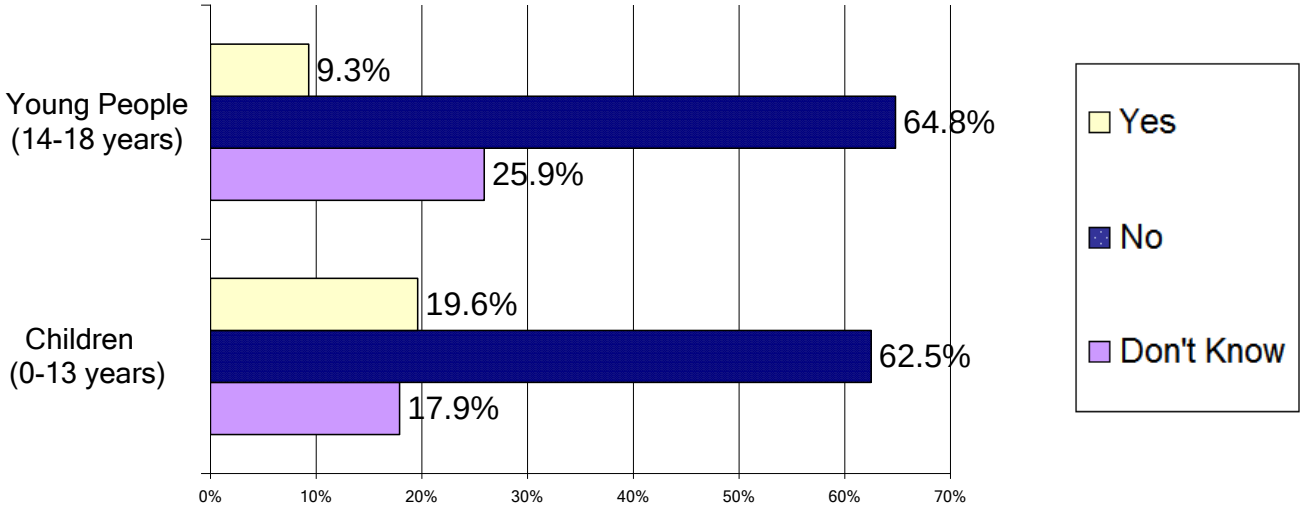


5. Provision and access to local allergy services

- Dietetic provision or access to dietetic services was highlighted as poor, especially to support infants on food avoidance diets.
- Provision of allergy services locally was identified as an issue of concern with 65% of respondents stating they don't have access to a locally dedicated allergy clinic and in one health board the respondents felt that the service was not adequately funded to meet the demands of the geographical area it serves (which includes remote settings).
- Only 20% of respondents stated they have access to a local dedicated allergy clinic for children aged 0 -13 years and only 9% have access to a local dedicated allergy clinic for young people aged 14 -18 years.
- Distance to nearest specialist allergy service was also cited as prohibitive if patients have to travel long distances to access specialist services, especially relevant to patients from rural and outlying areas.

Graph 3 Dedicated allergy clinic

Does your practice have access to a local dedicated allergy clinic that provides a comprehensive service for people suffering from allergic diseases?



Investigations

- None of the primary care clinicians have access to skin prick testing facilities.
- 85% of respondents have access to serum specific IgE testing for possible allergy.

6. Important changes

(see appendix 1)

The most important changes to allergy service provision suggested by respondents for their area were:

- Agreed referral protocols in place between primary and secondary care
- Improved access to multidisciplinary support e.g. dietetics
- A local dedicated allergy service

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7. Recommendations for improved allergy care

- **Each health board to have a dedicated allergy service or identified adequately trained clinicians in allergy to take referrals in secondary care.**
- **Education and training opportunities for allergy concentrating on food allergy and anaphylaxis for primary care health care professionals.**
- **Easy access to resources including management guidelines for common allergic conditions**
- **Funded and protected time to provide formal training in allergy for clinicians with an interest in allergy in primary care**
- **Adequate provision of nurses and dieticians with the appropriate experience to support management of children with allergies in the community**
- **Each health board should have a clear pathway into an allergy service staffed by professionals with the necessary skills to manage the broad range of allergic conditions**
- **This pathway should include arrangements for follow up management**
- **This pathway should include arrangements for referral of children and young people with severe / complex allergies.**

Appendix

Please choose up to 3 statements from the following list that you feel would be the most important changes to allergy service provison for your area.