

UK Paediatric Allergy Services Survey

In our previous Freedom of Information request, your trust was declared to be providing paediatric allergy services.

As a follow up Freedom of Information request, we are very grateful for you providing further information about these services.

We very much hope the results of this survey will help to contribute to improving the provision of paediatric allergy services in the UK.

The survey takes 30-45 minutes to complete. Please note the instructions to omit sections that don't apply to your paediatric allergy service. The expectation is that you will be able to answer the questions without having to seek additional information about your service. In places, we ask you to provide an estimate for your response- absolute precision is not necessary.

***Please note: Any unanswered questions are intentional as they are not applicable to our Trust.**

Paediatric allergy services

Q1 what level of paediatric allergy service are you providing?

Secondary only

Tertiary only

Both Secondary and Tertiary

Q2 What is the name of the trust you are responding on behalf of?

St Helens and Knowsley Teaching Hospital NHS Trust

Q3 Does your trust, provide paediatric allergy services in more than one hospital?

Yes

No

Q4 Please write the name of each hospital where paediatric allergy services are provided by your trust:

Whiston Hospital

St Helens Hospital

Newton-Le-Willows Community Hospital

Q5 Have you established paediatric allergy services in primary care?

No special link established

Paediatric allergy staff from the trust go into primary care to offer a paediatric allergy clinic/service

GPs have been trained to provide a paediatric allergy service in primary care

Other provision of allergy services in primary care

If other provision of allergy services in primary care, please describe

Nurse specialists liaise with and provide training to school nurses and Practice nurses.

The following series of questions ask about the staffing configuration of the paediatric allergy services that are provided. The first questions are about senior medical staffing, followed by junior medical staffing, nursing staffing and then dietician support.

Please answer this series of questions assuming you are fully staffed, i.e. consider a vacant post as being filled

Medical Staffing

Q6 Which medical staff undertake clinics in your trust where paediatric allergy patients are seen? (please choose all that apply)

Consultant General Paediatricians

Consultant General Paediatricians with a subspecialty interest (; :50% of time with paediatric allergy patients)

Consultant General Paediatricians with a subspecialty interest (<50% of time with paediatric allergy patients)

Consultant Subspecialist Paediatricians

Adult Immunologists

Associate Specialists

Q7 If your paediatric allergy service includes Consultant General Paediatricians with a subspecialty interest: What are the subspecialty interests of the Consultant General Paediatricians with a subspecialty interest involved in seeing paediatric allergy patients (please choose all that apply)

Allergy Interest

Respiratory Interest

Dermatology Interest

Gastroenterology Interest

Immunology Interest

Other Interest (please specify below)

Other Consultant General Paediatrician interest (please specify)

Respiratory

Q8 If your paediatric allergy service includes Consultant Subspecialist Paediatricians: What are the subspecialty interests of the Consultant Paediatric Subspecialists involved in seeing paediatric allergy patients (please choose all that apply)

Allergy

Respiratory

Dermatology

Gastroenterology

Immunology

Other subspecialty (please specify below)

Other Consultant Paediatric Subspecialty (please specify)

Q9 What formal allergy training have consultants contributing to the service had (please choose all that apply)?

None of the consultant staff have had formal allergy training

Postgraduate Certificate in Allergy

MSc in Allergy

MD/PhD in Allergy Research

SPIN training in Allergy

GRID training in Allergy

EAACI accredited Pediatric Allergist (Diploma)

Other allergy training/experience

If other allergy training and/or experience, please describe

MD paediatric gastroenterology and nutrition.
Various national and international study days attended.

Q10 Do you have a designated lead for your Paediatric Allergy Service?

Yes

No

Q11 How many consultants contribute to seeing paediatric allergy patients?

NB this refers to the medical staffing you have listed previously i.e. consultant paediatricians with or without a subspecialty interest, paediatric subspecialists, immunologists and associate specialists. It is not referring to the extended medical team such as dermatologists, ENT consultants etc, or to paediatric subspecialists not listed e.g. neonatologists, all of whom see patients with paediatric allergy problems.

Consultants (number of Individuals)

5

Total (for all consultants) number of Whole Time Equivalents (WTE) of time providing services to paediatric allergy patients

5

Q12 Do all consultant staff working in your paediatric allergy service have a minimum of 2 PA's in their job plan designated for paediatric allergy?

Yes

No

Q13 Are the staff involved in seeing paediatric allergy patients members of the BSACI?

Ideally answer as e.g. 5 out of 7 are members

No, part of Regional Allergy Network.

Junior Medical Staffing

Q14 Do specialist registrars and/or clinical research fellows regularly attend the clinics where paediatric allergy patients are seen?

Yes - they see patients independently

Yes - sit in on clinic but do not see patients independently

No

Nursing Staffing

If your paediatric allergy service has no nursing support please skip this section and go to the next section headed "Dietician Support" (Q22)

Q15 How many nurses contribute to looking after paediatric allergy patients?

Nurses (number of nurses)

3

Total (for all nurses) number of Whole Time Equivalents (WTE) of time providing services to paediatric allergy patients

2

Q16 What band is the nurse/s who contributes to seeing paediatric patients?

Number who are Band 5

1

Number who are Band 6

1

Number who are Band 7

1

Number who are Band 8 or more

0

Q18 *If you have any Band 8 nursing staff: What role do your Band 8 nursing staff hold? (Please choose all that apply)*

Nurse Consultant

Advanced Nurse Practitioner

Clinical Nurse Specialist

Other

If other, please describe:

Q19 Allergy training of the nurse/s in the paediatric allergy service

All nurse/s have had formal training in allergy

Some nurse/s have had formal training in allergy

No nurses have had formal training in allergy

Q20 Do nursing staff undertake independent nurse led clinics seeing paediatric allergy patients?

Yes

No

Q21 *If nursing staff are undertaking independent nurse led clinics: In independent nurse led clinics, what kinds of paediatric allergy patients are seen?*

New paediatric allergy referrals (i.e. never been seen by a medical doctor within the allergy service)

Follow up paediatric allergy appointments

Paediatric allergy patients referred to the nurse led clinic for allergy testing or training

Immunotherapy patient clinics (independently nurse led)

Dietician support

If your paediatric allergy service has no dietican support please skip this section and go to the next section headed "Paediatric Allergy Clinics" (Q25)

Q22 How much dietician support does your paediatric allergy service have?

No dietician support

Dietician present at all paediatric allergy clinics

Dietician present at some paediatric allergy clinics

Dietician not present but sees paediatric allergy patients by referral from the paediatric allergy service

Q23 How much dietician time do you think your paediatric allergy service has specifically for paediatric allergy patients? (in Whole Time Equivalents)

For example, if you undertake one morning allergy clinic per week and a dietician is a/ways present then this would be 0.1 WTE dietician time

0.4

2 dieticians provide paediatric allergy support

Q24

Do dieticians undertake independent dietician led clinics seeing new paediatric allergy referrals?

I.e. referrals for a paediatric allergy consultation NOT specifically a paediatric dietician consultation

Yes

No

Paediatric Allergy Clinics

Q25 In what kind of clinic are paediatric allergy patients seen?

In genral paediatric clinics amongst other paediatric patients

In clinics with exclusively paediatric allergy patients

Both of the above - Majority in exclusive paediatric allergy opd

Q26 Approximately how many clinics does your paediatric allergy service undertake per week?

General clinics where paediatric allergy patients are seen amongst other paediatric patients?

7 or less

Paediatric allergy clinics with exclusively paediatric allergy patients

0.3

Q27 Approximately what proportion (%) of the general paediatric clinic consultations, on average, would you say relate to paediatric allergy problems? (please give a percentage as an estimate)

Less than 5%

Q28 Approximately how many paediatric allergy patients does your service undertake outpatient consultations for per week?

New outpatient appointments each week

3-4 per clinic

Follow Up appointments each week

8-10 reviewed per clinic

Q29 What is your best estimate of the waiting time for paediatric allergy patients new and follow up appointments? Please answer in months, if no waiting list please enter 0

New Outpatient appointment waiting time (months)

Less than 1 month

Follow Up appointment waiting time (months)

4-12 months

Joint Clinics

Q30 Does your paediatric allergy service undertake any joint clinics i.e. paediatric allergy with another speciality?

Yes

No

BUT the lead for paediatric allergy is also the lead for paediatric gastroenterology.

Q31 *If your paediatric allergy service offers joint clinics:* What joint clinics does your paediatric allergy service offer?

Joint clinic with paediatric gastroenterology (see note above Q30)

Joint clinic with paediatric respiratory

Joint clinic with paediatric dermatology

Joint clinic with other specialist

Joint clinic with other specialist, please specify who

Paediatric Allergy Clinic Configuration

Q32 When do the clinics occur when paediatric allergy patients are seen?

Morning

Afternoon

Evening

Q33 *For the relevant clinics:* How long are the outpatient clinics in which paediatric allergy patients are seen?

Morning clinic (answer in hours please)

4

Afternoon clinic (answer in hours please)

4

0

Evening clinic (answer in hours please)

Paediatric Allergy Consultation Duration

For the next two questions, please provide answers for the staffing that apply to your paediatric allergy service. Please leave ones that do not apply empty.

Q34 How long is the *average* appointment time for a **NEW** paediatric allergy consultation? (Please answer in minutes)
If you don't know the answer please enter a zero

New patient appointment duration with the **Consultant**

20-30

New patient appointment duration with the **Associate Specialist** New

0

patient appointment duration with the **Allergy Nurse Specialist** Average

20-30

new patient appointment duration with the **Specialist Registrar** Average

0

Average new patient appointment duration with the **Dietician**

0

Q35 How long is the *average* appointment time for a **FOLLOW UP** paediatric allergy consultation? (please answer in minutes)

If you don't know the answer please enter a zero

Follow up appointment duration with the **Consultant**

15

Follow up appointment duration with the **Associate Specialist**

0

Follow up appointment duration with the **Allergy Nurse Specialist**

15

Follow up appointment duration with the **Specialist Registrar**

0

Follow up appointment duration with the **Dietician**

Don't know

Q36 *If you undertake morning paediatric allergy clinics:* Please describe how your service templates **general clinics** where paediatric allergy patients are seen amongst other paediatric patient?

Morning clinic: Number of **new** patients **Morning**

3

clinic: Number of **follow up** patients **Afternoon** clinic:

8

Number of **new** patients **Afternoon** clinic: Number of

3

follow up patients

8

Q37 *If you undertake afternoon paediatric allergy clinics:* Please describe how your service templates clinics **seeing exclusively paediatric allergy patients?**

Morning clinic: Number of **new** patients

3-4

Morning clinic: Number of **follow up** patients

8-10

Afternoon clinic: Number of **new** patients

3-4

Afternoon clinic: Number of **follow up** patients

8-10

Q38 How is a paediatric allergy outpatient appointment in your paediatric allergy service coded?

As 255 Paediatric Clinical Immunology and Allergy

As 317 Allergy

As 420 Paediatrics

Don't know

Other

If other, please specify

Q39 Do you know, even if only approximately, what your trust is reimbursed per patient for the paediatric allergy services it provides?

Yes

No

Q40 If known: How much does your trust get reimbursed for the following paediatric allergy services?

New patient consultation (£)

Follow up consultation (£) Day

case attendance (£)

Allergy Investigations

Q41 What diagnostic tests are offered in your paediatric allergy service? (Please choose all that apply)

Blood tests (specific IgE/RAST tests)

Skin Prick tests

Component resolved diagnostic tests

ISAC ImmunoCAP test

Intradermal tests

Patch testing for foods

Spirometry

Exhaled nitric oxide measurement

Other

If other, please specify

Skin Prick Testing

If skin prick testing is not undertaken in your paediatric allergy service please skip this section and go to the next section headed "Intradermal Tests" (054)

Q42 Are skin prick tests usually undertaken on the same day or in a separate clinic on a different day?

Same day

Different day

Q43 Who regularly performs skin tests at your clinic (please choose all that apply)

Consultant

Associate specialist

Nurse

Specialist registrar

Lab technician

Dietician

Other

If other, please specify

Q44 Do you have resuscitation facilities immediately available for skin tests?

Yes

no

Q45 What do you undertake skin prick testing to?

Foods - commercial skin prick test

Foods- using fresh whole foods

Aeroallergens

Latex

Bee/wasp venom

Drugs

Other

If other skin-prick testing undertaken, please specify

Q46 Which commercial skin prick solutions do you use? *(More than one may be ticked)*

Soluprick (ALK)

Allergy Therapeutics

Immunotek

Diagenics (Allergopharma)

Other

If Other SPT solution used, please state

Q47 If you use whole foods for testing: Which whole foods to you use for skin prick testing?

Tahini (sesame)

Fresh cow's milk

Raw egg white

Other food brought in by the patient

Nuts

If Nuts, please state which

Q48 If you are using whole foods for testing: For the foods that you are using for skin prick testing, do you use them alone (instead of the commercial solution), or as well as the commercial solution.

	Whole food only	Whole food and commercial solution at same time
Sesame		
Fresh cow's milk		
Raw egg white		
Nuts if entered in Q47		

Q49 How does your service measure skin prick test wheal size?

Largest diameter of the wheal

Mean of the of largest diameter of the wheal and its perpendicular diameter

Q50 Do you deduct the size of the negative control from the allergen responses, if the negative control response is positive?

Yes

No

Q51 What do you consider a positive skin prick test response to an allergen?

≥ 3 mm diameter

Any positive response

Q52 Do you include the diameter of pseudopods when measuring the largest diameter?

Yes

No

Q53 Do you have a threshold that the histamine positive control has to exceed to consider it valid and hence the tests to be interpretable?

Yes

No

If yes, what size does the histamine response have to be greater or equal to in millimeters?

Less than 3mm

Intradermal tests

Q54 If you undertake intradermal testing: What do you offer intradermal testing to?

Antibiotics

Local anaesthetics

General anaesthetics

Bee/wasp venom

Other

If other intradermal testing offered, please state to what?

Component testing

If component testing is not undertaken please skip this section and go to the next section headed "Challenge Tests" (060)

Q55 What do you undertake component testing to?

Peanut components

Hazelnut components

Venom components (Wasp Ves v5, Bee Api m1)

Birch components (Bet v1 and homologues)

Other components

Q56 If you undertake peanut component testing: Who do you measure peanut components on?

All suspected peanut allergic children

Specific children

Please describe what criteria determine who you chose to measure peanut components on

Q57 If you undertake peanut component testing: Which peanut components do you **routinely** measure, if you chose to

measure them?

ara h1

ara h2

ara h3

ara h8

ara h9

Q58 If you undertake hazelnut component testing: Who do you measure hazelnut components on?

All suspected hazelnut allergic children

Specific children

Please describe what criteria determine who you chose to measure hazelnut components on

Q59 If you undertake hazelnut component testing: Which hazelnut components do you routinely measure, if you chose to measure them?

cor a1

cor a8

cor a9

cor a14

Challenge tests

Q60 Are food and/or drug challenges offered at your service?

Food challenges only

please go to section headed "**Food challenges**" (Q63)

Food and drug challenges

please go to next question (Q61)

No challenges undertaken

Please go to section headed "**Immunotherapy**" (Q84)

Drug challenges

Q61 Who performs drug challenge tests at your clinic (please choose all that apply)

Consultant

Associate specialist

Specialist registrar

Allergy Nurse Specialist

Paediatric Nurse

Dietician

Other

If Other, please specify

Q62 What classes of drugs do you offer challenges to?

Analgesics - paracetamol

Analgesics- NSAIDs

Antibiotics - IV

Antibiotics - oral

Local anaesthetic agents

General anaesthetic agents

Other

If other, please specify

Food challenges

Q63 What type of food challenges do you undertake? (Please choose all that apply)

Open food challenges

Supervised feeds

Blinded food challenges

Q64 Do you stratify your open food challenges into high risk and standard risk challenges?

Yes

No

Q65 Where do you undertake your challenges? (please choose all that apply)

	Paediatric day Ward	Dedicated challenge unit	Outpatients	Inpatient Ward
Open food challenges	✓			
Supervised feeds				

Q66 Do you have resuscitation facilities immediately available for challenges?

Yes

No

Challenge service configuration

Q67 On average, how many challenges do you undertake per week in your service?

Q68 How many challenges are undertaken in one session?

If the challenges come in at staggered times, please give the total for the session, e.g. a hospital may do 8 challenges in one session, 4 at 9am and 4 at 11am, the answer here would be 8.

Q69 How do you configure the challenges that are done in one session?

Please describe how this number of challenges is configured: all arrive at same time? Or staggered- please describe as per the example above.

Q70 How many challenges are supervised by each individual nurse or doctor?

Open food challenges

Open food challenges - high risk

Supervised feeds

Q71 If some challenges are designated high risk: How does the challenge configuration differ for challenges designated high risk, compared to low/standard risk? Please explain

Challenge test staffing

Q72 Who performs food challenge tests at your service (please choose all that apply)

Consultant

Associate specialist

Specialist registrar

Allergy Nurse Specialist

Paediatric Nurse

Dietician

Other

If Other, please specify

Nurse clinician

Q73 Does your service undertake nurse led challenges?

Yes

No

Q74 Is any specific cover arranged for nurse led challenges?

Junior doctors provide cover for clerking, consent and treatment of reactions

Junior doctors present on unit but not directly involved with challenges

Doctor providing paediatric allergy services not present but scheduled to be available if needed

Junior doctor not present but specifically scheduled to be available if needed

General paediatric on call team specifically scheduled to be available if needed

No specific cover arranged - general paediatric on call team could be called if needed

Other arrangement

If other arrangement, please specify:

Challenge tests practice

Q75 Do you provide written information for parents and children about the challenge process?

Yes

No

Q76 Do you obtain written consent to undertake challenges?

Yes

No

Q77 Do you start your food challenges with a lip dose (rubbing a small amount on the inner part of the child's lips and then observing the child)?

Yes

No

Q78 Do you offer challenges to the following foods (please choose all that apply)?

Baked egg

Baked milk

Raw egg white

Challenge tests outcomes

Q79 Do you maintain a database of children undergoing challenge procedures and their outcomes

Yes – updated list

No

Q80 Do you record symptoms/signs during a challenge using a standardised protocol?

Yes - use a standardised protocol

No have own symptom/sign recording protocol

If yes, whose protocol (e.g. a tertiary hospital's or a published protocol such as PRACTALL)

Q81 Approximately how many times has intramuscular adrenaline had to be administered to paediatric allergy patients in the last year?

Q82 Over the course of a year, please estimate what percentage of your challenges are positive? (e.g. if 1 in 3, please write 33)

Standard risk challenges: % positive

Up to 25%

High risk challenges: % positive

0

Supervised feeds: % positive

0

Q83 How is an appointment for a challenge test coded in your service?

As a day case admission for procedure

As an outpatient appointment

As an inpatient admission

Unknown

Other

If other, please specify

Immunotherapy

Q84 Do you provide allergen specific immunotherapy for allergic rhinitis (pollen/HOM/pets)?

Yes

No If immunotherapy is not provided, please go to the section headed "**Omalizumab (Xolair)**" (Q96)

Q85 Which allergens do you offer immunotherapy to? (Please choose all that apply)

Grass

Tree

House dust mite

Pets

Other

If other, please specify

Q86 Is the number of people you provide immunotherapy to capped each year?

Yes

No

Q87 Approximately, how many new patients do you offer immunotherapy to each year?

Q88 What form of immunotherapy do you undertake? (please choose all that apply)

Sub-lingual immunotherapy (SLIT)

Sub-cutaneous immunotherapy (SCIT)

Epicutaneous immunotherapy (EPIT)

Intralymphatic immunotherapy

Q89 If you undertake SLIT: Which products do you use for your sublingual immunotherapy (SLIT)? (please choose all that apply).

LAIS (Lofarma Allergoid Sublingual Immunotherapy) (Manufacturer Lofarma, Italy; UK distributor Captium Limited)

Oralvac compact (Manufacturer Allergy Therapeutics, UK)

Oraltek (Manufacturer Immunotek, Spain; UK distributor Bio-Diagnostics Ltd)

Grazax (Manufacturer ALK)

Acarizax (Manufacturer ALK)

Other SLIT product

If Other SLIT product, please specify

Q90 If you undertake SCIT: Which products do you use for your subcutaneous immunotherapy (SCIT)? (Please choose all that apply)

Pollinex (Manufacturer Allergy Therapeutics, UK)

Pollinex Quattro (Manufacturer Allergy Therapeutics, UK)

Alutard SQ (Manufacturer ALK)

Allergovit (Manufacturer Allergopharma, Diagenics)

Acaroid (Manufacturer Allergopharma, Diagenics)

Novo-Helisen Depot (Manufacturer Allergopharma, Diagenics)

Other SCIT product

If Other SCIT product, please specify

Q91 How is an appointment for immunotherapy coded in your service?

	As day case	As outpatient appointment	As inpatient admission	Unknown	Other
Sub-lingual (SLIT)					
Subcutaneous (SCIT)					

Q92 If Other form of coding used for immunotherapy, please specify

Q93 Do you maintain a database of children undergoing immunotherapy?

Yes

No

Q94 Do you obtain written consent for patients undergoing immunotherapy?

Yes

No

Q95 If you use Grazax: Do you ask GPs to take over the funding of Grazax?

Yes

No

If yes, after how long? (Answer in months please)

Omalizumab (Xolair)

Q96 Do you offer omalizumab (Xolair) therapy for severe urticaria in your clinic?

Yes

No

Reintroduction ladders

Q97 Do you use reintroduction ladders for the following foods?

Egg (e.g. BSACI guidelines for the management of egg allergy- egg ladder)

Milk (e.g. iMAP/MAP)

Don't use

Q98 If you reintroduce ladder: in what situation do you use the reintroduction

	IgE type allergy (no asthma or anaphylaxis)	IgE type allergy (asthma but no anaphylaxis)	IgE type allergy (anaphylaxis)	Non-IgE type allergy	Don't use a reintroduction ladder for this.
Home Introduction of well cooked (e.g. baked) egg.	✓			✓	
Home introduction of lightly cooked egg (if tolerating well cooked egg)				✓	
Home introduction of raw egg					✓
Home introduction of dairy using iMAP/MAP ladder				✓	

Desensitisation treatment programs

Q99 Do you provide desensitisation treatment? (please choose all that apply)

Insect venom (bee/wasp)

Food

Drug

Desensitisation

Q100 If you undertake desensitisation treatment to a food: For which foods do you provide desensitisation programs? (please choose all that apply)

Peanut

Milk

Egg

Other

If other, please specify

Allergy reaction management

Q101 Which adrenaline autoinjector device does your service issue? (tick as many as apply)

EpiPen

JEXT

Emerade

Other

If other adrenaline autoinjector, please state which

Q102 Which antihistamine do you routinely prescribe for food allergic reactions?

Cetirizine

Chlorphenamine(Piriton)

Other

If other antihistamine prescribed, please state which

Q103 Where are your management plans for allergic reactions sourced from? (please choose all that apply)

Do not issue management plans

Locally designed - for home

BSACI – for school nurses

From other centres

Other

If other, please specify

Patient support and training

Q104 Where are your patient information sheets sourced from? (Please choose all that apply).

Do not provide any patient information sheets

Locally designed

Allergy UK

Anaphylaxis Campaign

From drug companies (EpiPen/Emerade etc)

From other centres

Information sheets are not provided in the clinic

Other

If other, please specify

Q105 Do you offer bespoke training to patients, parents and/or carers in the following in your clinic? (choose all that apply)?

Do not offer any patient/parent training

Training in the use of self-injectable adrenaline

Inhaler use

Ecema management (use of emollients/steroids)

Nasal spray/drop use

Other

If other, please specify

Service clinical governance & audit

The next couple of questions are about guidelines. Please answer honestly as to the extent you are aware of these and whether they have actually resulted in them being implemented in your paediatric allergy service.

Q106 Are you aware of the following NICE Clinical Guidelines?

	Yes - have read it and implemented it in our paediatric allergy service	Yes - have read it but not implemented it	Yes- but not read it	No
Food allergy in under 19s: assessment and diagnosis (CG116)	✓			
Anaphylaxis: assessment and referral after emergency treatment (CG134)		✓		
Drug allergy: diagnosis and management (CG183)		✓		

Q107 Do you have any comments you wish to make about the NICE Clinical Guidelines for food and drug allergy?

Yes

No

If Yes, please state comments

Q108 Are you aware of the RCPCH Allergy Care Pathways?

	Yes - have read it and implemented it in our paediatric allergy service	Yes - have read it but not implemented it	Yes - but not read it	No

Allergy care pathway for food allergy		✓		
Allergy care pathway for anaphylaxis		✓		
Allergy care pathway for venom allergy			✓	
Allergy care pathway for latex allergy			✓	
Allergy care pathway for urticaria, angio- oedema or mastocytosis		✓		
Allergy care pathway for asthma and/or rhinitis		✓		

Q109 Do you have any comments you wish to make about the RCPCH Allergy Care Pathways?

Yes

No

If yes, please state comments

Q110 Do you hold a Multi-Disciplinary Team (MDT) meeting?

Yes

No

Q111 If you undertake a MDT meeting: How frequently are your MDT meetings held?

Weekly

Fortnightly

Monthly

Every two months

Every three months

Other

Q112 Is your service part of a Regional Paediatric Allergy Network?

Yes

No

If yes, which Network and how does the link work in practice?

Q113 Is your service formally linked to a tertiary Paediatric Allergy Centre

Yes

No

If yes, which tertiary Paediatric Allergy Centre and how does the link work in practice? Alder Hey

Q114 Do you offer paediatric allergy educational events? (Please choose all that apply)

For General Practitioners

For Colleagues in your hospital

For members of the public

Not offered

Other

If other, please specify

0115 If you offer paediatric allergy educational events: How often do you offer paediatric allergy educational events

	Weekly	Fortnightly	Monthly	Every two months	Every three months	Every six months	Annually or less
For General Practitioners							✓
For colleagues in your hospital							✓
For members of the public							
Other							

Follow up arrangements in your service

Q116 Do you have a routine frequency of follow up for your paediatric allergy patients?

Yes

No

Q117 What would your follow up policy be for the following patients in general (recognising that there will always be exceptions)

	Single Consultation Only	More frequent than annually	Annually	Every two years	Every three years or longer
Isolated nut allergy			✓		
Food allergy BUT NOT nut allergy		✓			
Nut and other food allergies		✓			
Pollen food/oral allergy syndrome only	✓				
Non-IgE type allergies (excluding FPIES)		✓			

FPIES					
Complex allergy patients		✓			

Q118 It would be very helpful if you could describe in more detail your follow up policy, e.g. does your follow up policy vary according to patient age? If so, how?

Varies According to:

- Patient age
- Severity of Allergy
- Multiplicity of allergy
- Home & Social circumstance
- Compliance
- Availability of community support.

Q119 Do you run an adolescent clinic?

Yes

No

Q120 Do you run a transition Clinic?

Yes

No

Q121 Do you run an adolescent only clinic?

Yes

No

Q122 What do you do with your patients when exceed the age threshold for your paediatric allergy service?

Discharge all of them back to primary care

Refer all of them to an adult allergy service

Refer some of them to an adult allergy service (Majority to primary care)

Q123 If you refer them on: What adult services do you refer your patients on to?

Adult allergy service

Adult dermatology service

Adult respiratory service

Other

If other adult services, please specify

Many thanks for completing the questionnaire

Q124 When our survey of all UK paediatric allergy services is complete would you like to receive a copy of the results?

Yes

No

If yes, please can you confirm your email address for us to send the survey results to?

Sarah.Southern@sthk.nhs.uk

Abuaker.Elbadri@sthk.nhs.uk

Q125 Are you happy for your service to be identifiable by name for bench marking purposes

Yes

No

**Please would you now return the completed questionnaire to us.
(NB Your FOI department will require a completed copy for their records)**

Options for how to send it back to us are:

1. Scan the completed questionnaire and email it to michael.perkin@nhs.net

2. Post it to:

Dr Michael Perkir
Room 1.27, 1st Floor, Jenner Wing
Population Health Research Institute
St George's, University of London
Cranmer Terrace
London, SW17 ORE

