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Working Party on Implementation of the House of Lords Allergy Report

The Royal College of Physicians set up a working party in May 2009 to evaluate the implementation of the recommendations of the HoL Allergy Report 2007. The BSACI contributed £10,000 towards the costs of running the working group and Glenis Scadding was nominated as the BSACI representative.

The work undertaken by the working group was led by Baroness Ilora Finlay, with Bill Egner as Chair.

The report has now been sent to the Royal College of Physicians and it is expected to be published at the end of May. As soon as the final report is published we will post it on the BSACI website and inform members.
Spring is at last with us and EAACI 2010 draws ever closer. Tony Frew and the local organising committee are putting the final touches to what promises to be one of the most exciting EAACI meetings ever. A packed scientific programme means we are spoiled for choice and the biggest challenge is going to be deciding which sessions to attend. The BSACI in conjunction with the Allergy Academy are running a Paediatric Allergy training day aimed at GPs and paediatricians on the day before the main conference. You are invited to attend the BSACI annual general meeting during the conference – this is your society, get involved. The annual Jack Pepys memorial lecture is incorporated in the meeting, and on page 8 of this issue of Allergy Update you can read a moving tribute to the great man by his son, Prof Mark Pepys.

As you will see when reading this edition, the BSACI and its members continue to be active in the promotion and development of allergy. The National Allergy Strategy Group continues to campaign actively for improved allergy services. In December, 50 children and teenagers with allergies lobbied MPs at Westminster. They spoke eloquently and passionately about their experiences and brought home the fact that there is still a way to go until NHS allergy services are available to all who need them.

Read the report on the activities of ANSWER on page 14. If you are involved in similar local initiatives, please let Allergy Update know so that we can publicise them. This is your newsletter. I would also encourage you to contact the BSACI office in advance of any relevant press releases about your research or clinical departments so that we support you by publicising the information on our website.

Enjoy EAACI 2010!

Dr Nicola Brathwaite, Consultant Paediatric Allergist, Kings College Hospital.
Greetings! It has been a very busy and exciting time for the BSACI recently.

Firstly in the office we have welcomed back Fiona and Schola from maternity leave and have thanked heartily and bid sad farewells to Charles and Mukesh who acted very efficiently as their locums. Preparations for the EAACI Annual meeting are well in hand – under the experienced eye of Tony Frew, well assisted by Sally-Anne and the Congrex team. There will still be some BSACI events – an AGM on the Sunday evening followed by drinks and nibbles, will give you the opportunity to express your views and meet up with friends. There will also be the usual Jack Pepys lecture, given this year by Professor Estelle Simons, former AAAAI President. Do come to the Opening Ceremony - it will be a night to remember!

The House of Lords Implementation Committee, having been ably chaired by Baroness Ilora Finlay with Bill Egner as Secretary, met on several occasions. I represented the BSACI and Pam, Ewan was there representing the NASG. The final report, which has been commented on in draft stage by several BSACI Executive members including Pam, John Warner, Adam Fox, Susan Leech and myself, should appear shortly. We will put it on to the BSACI website for you to read at leisure.

The Special Services National Definition Set no 17 – Allergic diseases – adults and children has just been revised. The SSNDS was last edited in 2002. Each definition is drawn up by a process involving providers (clinicians, hospital managers, and information and coding staff), commissioners and patients’ groups and is then endorsed wherever possible by relevant national organisations. Finally, when the definition has been signed off by the National Specialised Commissioning Group, it is published on their websites. The purpose of a definition is to identify the activity that should be regarded as specialised and therefore within the remit of PCT collaborative commissioning. A service is specialised if the planning population (i.e. catchment area) for that service is greater than one million people. This means that a specialised service would not be provided by every hospital in England; generally, it would be provided by less than 50 hospitals. Andy Wardlaw (for Joint Committee on Immunology and Allergy, JCIA) Pam Ewan and I spent much time working on this and there are some new inclusions such as hypereosinophilic syndromes, chronic rhinosinusitis and nasal polyposis. During the process it became apparent that there is no coding for IgE mediated latex allergy, only contact dermatitis to latex!

Accreditation of Allergy Clinics has been a hot topic at JCIA (at which I represent BSACI). A reasonably simple starting document has been provided by Andy Wardlaw - following initial suggestions at a meeting then e-consultation - and the draft has been piloted at a few centres.

Knowledge based assessment of Allergy trainees is a thorny issue being attacked by Chris Corrigan, Stephen Durham and Shuaib Nasser. Being a small society we do not have the resources to provide a very large bank of multiple choice questions for an exit examination and it is proving hard to find an alternative acceptable to the Royal College of Physicians.

Stephen Durham is also leading for the Society on Revalidation and has suggested some specialty specific abilities which should be tested in addition to the general physician template.

In addition to all these the Society’s routine continues with Standards of Care guidelines (thanks to Shuaib, Pia and the Committee), membership queries, website changes (thanks to Fiona and Schola) and preparation of Allergy Update (thanks to Nicola). Further initiatives include preparations for a joint BSACI / Primary Care Respiratory Group meeting in September (thanks to Sam Walker and colleagues) plus a series of BSACI assisted regional Primary Care meetings inspired by Adam Fox for which GSK and Mead Johnson have provided funding.

BSACI is thriving – thanks to the hard work and commitment of its members.

Best wishes,

Glenis Scadding
President, BSACI
Spring is here, and the London EAACI congress is only a few weeks away! Interest in the meeting has been huge - more than 2,100 abstracts have been received, and the registrations are on track for about 8,000 attendees, which will make it the largest allergy meeting ever held. I hope all of you know about the meeting and that most of you will already have registered. If you have not yet registered, please note that the last chance for discounted registration is 5th May, after which the fee goes up by another 50 euros.

The congress starts with a blockbuster opening ceremony and welcome party at ExCeL on Saturday 5th June. The opening ceremony will have a UK theme, including songs from all four nations of the UK and excerpts from the Last Night of the Proms. Then we move to the welcome party, where there will be plenty of food and drink while you are socialising followed by a Beatles tribute band to dance or sing along to.

The main congress starts on Sunday 6th June and includes many workshops, satellite symposia, clinical updates, hot topic session and our traditional “bring your own patient” workshops for adult and paediatric cases. In particular Monday has been themed as a food allergy day.
and we will have special day rates for dietitians. The BSACI Jack Pepys lecture will be given on Monday by Estelle Simons, who will discuss her work on anaphylaxis and put this in context.

A one-day meeting for nurses will be held on Saturday 5th June - separate registration is required, but there is a concessionary rate for all nurses wishing to attend the one-day meeting, the congress, or even both meetings!

For younger scientists and clinicians there is a special junior member programme. This includes academic skills workshops, case presentations and some special social events. To qualify for this you have to be aged 35 or under, and join EAACI as a junior member. Since junior membership is free, and there’s a reduced registration fee, I encourage anyone who qualifies to sign up.

Eleven postgraduate courses will be held, covering a full range of clinical topics. These are also held on Saturday 5th June - they are very worthwhile for trainees but also as refresher courses for more experienced clinicians.

EAACI 2010 really is going to be a great event - I and the rest of the team who’ve been planning this meeting look forward to seeing you there.

Details can be found on www.eaaci2010.com
NASG update

National Allergy Strategy Group
All Party Group Meeting in Parliament

The All Party Parliamentary Group for Allergy and the NASG hosted a meeting in Parliament on 3 December of 50 young people who live with various food allergies to give them the chance to speak out to MPs and the Department of Health on the issues that matter to them as they manage their lives with a potentially severe allergy.

The event was hosted by Jo Swinson MP. Jo is keen to see young people with allergy taken seriously and wants improved NHS care across the UK. She is also calling for a greater understanding of the issues affecting those with food allergy such as eating out, provisions for schools and lack of knowledge in primary care.

Mandy East from the NASG says “NASG are working towards an improvement in NHS care for all those living with allergy and were encouraged that the young people at the meeting felt able to share their views with those who make decisions on our behalf. Many of these children have never seen an NHS Allergy Consultant and have been living with potentially severe allergies for most of their lives with no support or management advice.”

Each young person attending had an opportunity to speak out on the key issues affecting their lives and they covered a huge variety of topics including:

- It’s about information, information, information Lorna Harrison
- I wish that there could be more doctors so that they can find a cure so I could get better and be like everyone else Yusra Shahid
- When can we expect to see improved expert provision, particularly in the more isolated areas of the country? Callum Smith
- Does the government realise it is vital to increase the specialist allergy services, so that every young person diagnosed with a severe potentially life threatening allergy has access to adequate services necessary for management of their condition, including access to advice and prescription of emergency medication? Will Torgerson
- I think the NHS and the government has a duty to make non-allergy suffers much more aware of the dangers of allergies Anouszka Bundy
- I don’t understand why support for people with serious allergies is so different in different parts of the country Georgia Ellis
- How can you make sure ALL the teachers get good advice and learn about looking after allergic children and listen to what children think? Boaz Gaventa
- Please could you help us to get others to understand how difficult it is for people who suffer with allergies? Destiny Dalby
- Is desensitisation going to be available on the NHS? It would make a big difference to my life Daniel Fenner
- How can you make sure ALL the teachers get good advice and learn about looking after allergic children and listen to what children think? Boaz Gaventa

The NASG continues to campaign for improved care, for more information contact Mandy East mandy@nasguk.org

Please also sign the petition to call on the Prime Minister to take action at www.petitions.number10.gov.uk/AllergyServices/
Cows’ milk protein allergy formulas - whey up the difference

Aptamil Pepti is the only hydrolysed formula to provide all the benefits of prebiotic oligosaccharides, nucleotides and LCPs, tailored to infants with cows’ milk protein allergy (CMPA). It’s also whey-based, giving better palatability and intake than a casein hydrolysate.¹ ²

Aptamil Pepti is proven to be effective in relieving the symptoms of CMPA³, resulting in an equivalent weight gain to standard whey-based formulas⁴. Research demonstrates that it is tolerated by 97% of infants with CMPA⁵.

IMPORTANT NOTICE: Aptamil Pepti should only be used under medical supervision, after full consideration of the feeding options available, including breastfeeding. Aptamil Pepti is suitable as the sole source of nutrition for infants and as a principle source of nourishment with other foods for children.


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To support your baby’s natural immune system with prebiotic oligosaccharides
Jack Pepys was not only a wonderful father and family man but was also my lifelong mentor in medicine and research, and for 52 years, we were also best friends. He had many talents and interests; for example he was a superb cook, loved to socialize, was a brilliant raconteur and wit with a great sense of humour, knew more good jokes than anyone I have ever met (he never told a bad one), and loved many sports, but he had no hobbies. Apart from his family, his work was his life. Until the day he died, he was devoted to being a physician and a scientist, uncovering the secrets of nature for the benefit of patients.

He decided to become a doctor at the age of 3, when he had an appendectomy for acute appendicitis. He was an extremely intelligent child, and when it was discovered that he could skip a year at high school by matriculating 6 weeks after the end of the previous school year, his family engaged a tutor, he worked hard, and he passed. Thus he entered the then newly opened Witwatersrand Medical School in Johannesburg at the age of 15. He was about to leave for the first day at university when his mother realized that he did not have any long trousers and rushed out to buy his first pair. When he studied obstetrics at age 17, he grew a mustache to look acceptably mature for the mothers he was examining and whose babies he was delivering. He kept that mustache for the rest of his life. His research career started when he qualified as a doctor at the age of 21. He was not allowed by law to practice until he was 22 and therefore spent 6 months working for the professor of pharmacology, who by chance was interested in allergy. Jack was enthusiastic about the subject because he was himself highly atopic and suffered greatly from eczema throughout his childhood, often with large areas of raw, weeping skin, which his mother used to dress with bandages soaked in starch paste. During this critical period, before he started his internship, he learned about food allergy as a cause of eczema, eliminated fish from his own diet, and dramatically “cured” his eczema. That was it: he had become an allergist!

There were no formal opportunities for postgraduate medical education or clinical research in South Africa at that time, and he went directly into general practice, where he worked extremely hard for the next 12 years. From childhood, he had been appalled by the discriminatory treatment of the Africans, and in his practice he treated patients of all races according to their need, often without payment. He and his wife Rhoda, who he had married when they were both aged 23, also worked politically to improve the lot of the Africans, so that when the National Party with its apartheid policy was elected to power, they decided to leave the country. Jack was determined to further his medical education and had learned from Professor Frankie Foreman, a legendary clinician in Cape Town, to appreciate high-quality internal medicine, although Jack himself always aspired to become an allergist and to do research, as well as practice.

We arrived in Great Britain in 1948, when I was 3 years old, and lived initially in Edinburgh, where there was a training course for candidates for membership in the Royal Colleges of Physicians, the equivalent of the Boards in Internal Medicine. The freezing weather and rationing of food and sweets (candies) still in place after the war were a severe culture shock for the family after the climate and comfortable lifestyle of South Africa, but Jack worked characteristically hard and effectively. When the time came for the examinations, he entered in both the London and Edinburgh Colleges and travelled back and forth on the overnight sleeper train on a series of consecutive nights.
days. He passed in both places, a considerable achievement in an era when the pass rate was very low, and he was always an excellent general physician who knew much about all aspects of medicine.

After his late start in academic medicine, his career and achievements were remarkable, especially as “allergy” was a dirty word in British medicine in the 1950s, tarnished by much charlatanry in the field in previous years. It took him a very long time to almost single handedly establish the subject in Britain as a valid specialty with a rigorous scientific basis. Even when he was finally appointed in 1967 to a Professorial Chair at the Institute for Diseases of the Chest in London University, the first in the United Kingdom in this subject, the title was Clinical Immunology rather than Allergy. Early on he had struggled greatly to find posts in which he could pursue his research aspirations, but he still managed to do beautiful work. His analysis of specific and nonspecific factors in the tuberculin reaction is a seminal contribution to understanding of the delayed hypersensitivity reaction and is an exquisite example of rigorous clinical experimentation producing robust conclusions. For several years, he worked for the Medical Research Council, running chemotherapy trials for tuberculosis in Africa, and made a substantial contribution to establishment of the optimal treatment regimens.

Eventually he established himself at the Brompton Hospital with a laboratory funded by the Medical Research Council and ran the research program and clinics in which he made his many seminal contributions to allergy, especially respiratory allergy and occupational lung disease. At the same time, he trained a whole generation of British chest physicians and allergists, as well as many others from all around the world, in both research and clinical allergy. His personal work with experimental models was limited early on by development of exquisite allergic sensitivity to guinea pigs and other animals, but his focus was always on clinical research and clinically relevant observations. His achievements included discovery of the cause of farmer’s lung; description of the syndrome of extrinsic allergic alveolitis (hypersensitivity pneumonitis); identification of many of its forms, including bird fanciers’ lung, and their causes; the detailed description of allergic bronchopulmonary aspergillosis and its diagnosis and management; the development and extensive use of bronchial challenge testing for elucidation of allergic mechanisms of asthma and respiratory disease in general; identification of many of the causes of occupational asthma and respiratory disease.
asthma; major contributions to the development and use of cromoglycate; and standardization and expert exploitation of skin prick testing.

The literature reporting all this is cited in the accompanying article.

His work was generally characterized by straightforward methods and techniques, usually deployed in human subjects, meticulous clinical observation, and perceptive protocols that revealed, in an unprecedented manner, fundamental immunologic mechanisms of direct clinical relevance. Few others have made such wide-ranging contributions that so immediately affected clinical practice for the benefit of patients with a broad range of both very common and rare diseases. The use of agar gel precipitin tests to detect precipitating antibodies, of provocation testing in conditions that closely reflected real-life occupational exposure to inhalational allergens, and of simple skin prick testing did not attract the attention of basic scientists, but the benefits for patients were universally recognized and very warmly appreciated by clinicians worldwide.

Jack Pepys’s central credo was that discovery in biomedicine only achieves its full potential when it is translated into clinical benefit. I was exposed to this all my life and never contemplated any career other than medicine and medical research. On the one occasion, when I was in high school, that I suggested to my father that I might become a physiologist rather than a physician, it only took him a few minutes to convince me that I should study medicine first and then decide what to do. He was utterly compelling but always through reasoned and articulate argument, never dictatorial or bombastic.

He was an outstandingly good lecturer and accepted happily almost all invitations from anywhere in the world, regardless of the size or importance of the venue. His work had direct clinical relevance with immediate implications for patient management, so that his message was always useful. He therefore travelled extremely widely and was known and very fondly remembered by physicians worldwide. Although he was obliged by British law to retire from his chair and department at the age of 65, he continued to work as a visiting professor in my department at the Royal Postgraduate Medical School, Hammersmith Hospital, until a few weeks before he died. Toward the end of his life, I had the privilege of accompanying him to major international allergy meetings in the United States and in Europe and saw how almost everybody knew him and came to pay their respects and remind him of his visits and talks in their particular centers, hospitals, or parts of the world.

I received hundreds of letters and messages of condolence after his death on 9 September 1996, and many of them mentioned that one of his most notable characteristics was that he never gossiped about people. It had struck all these individuals that my father was one of the very few persons they had met who was never heard to criticize others behind their backs or to participate in such character assassination. Of course, he was appropriately critical in professional reviewing, but at a personal and social level, he was truly a model person. He was modest, kind, thoughtful, and considerate to everyone and always visited when anyone he knew was sick. He was always optimistic and equable and extremely brave and stoic when it was necessary. He was respected, loved, and appreciated by all who knew him, worked with him, or were taught by him. His given name was Jacob and the inscription on his tombstone includes the biblical verse “And Jacob was a perfect man,” a description that genuinely fits him well.

REFERENCES

Groups News

Paediatric Allergy Group Update

The paediatric allergy group has continued to be very active. Key developments are the production of a competence framework for paediatricians with an interest in allergy which has now been submitted to the Royal College of Paediatrics and Child Health Council for approval. However, the Council have agreed in principle to it. What remains to be established is a clear definition of a paediatrician with an interest. It is unclear as to the number of sessions which would need to have been ring fenced for paediatric allergy activity which would constitute a sufficient amount to justify the designation.

With regard to developments since the publication of the House of Lords Science and Technology report on allergy there has been a small increase in paediatric tertiary allergy specialist consultant posts at Imperial College Healthcare NHS Trust based at St Mary’s hospital and two posts in the North West of England. However, there are still insufficient training posts country-wide to produce the numbers that we expect will be required with continuing expansion.

The paediatric allergy care pathways project group working within the RCPCH and funded by the Department of Health is making excellent progress. Already fully formulated pathways on anaphylaxis; asthma and rhinitis; and food allergy are virtually complete and undergoing the standard approval processes through the College. We hope to publish these one by one as articles in the Archives of Disease in Childhood and they will of course all be put together into a composite document. It is hoped that these will be used as a template to develop services in each region. We also hope to gain some additional funding to pilot the care pathways and establish their efficacy.

I am coming to the end of my term as the Head of the Paediatric Sub-Committee. It has been agreed that Dr Susan Leech will take over from me. As you know, Dr Adam Fox has taken responsibility for the organisation of the scientific programme for annual meetings of the Society. Dr George du Toit remains the organiser of our email network which now has over 800 subscribers. Dr Jan Reiser is the secretary of the paediatric group and we have had the very active involvement of a large number of other members.

I look forward to seeing you all in London in June for the joint meeting with the EACCI. This is being held from Saturday 5 June through to Wednesday 9 June inclusive. However, in addition Adam Fox has organised a paediatric study day to take place on Saturday 5 June. All those interested in paediatric allergy are recommended to attend.

Standards of Care Committee Update

Over the last few months it’s been full steam ahead for the Standards of Care Committee (SOCC). Many of you will have seen the latest guideline on the management of anaphylaxis during general anaesthesia published in Clinical and Experimental Allergy in February 2010. This guideline is essential reading for anyone investigating patients with anaphylaxis during general anaesthesia.

We are grateful to BSACI membership for taking the time to comment on the next two guidelines in the pipeline – egg allergy (lead author Dr Andrew Clark) and the management of venom allergy (lead by Dr Thirulmula Krishna). These two guidelines have been submitted for publication and we await the outcome of the review process. SOCC is currently working on a guideline on rhinitis immunotherapy and guidance on who should be prescribed an adrenaline autoinjector. Before the end of the year these will be placed on the BSACI website for consultation and we very much look forward to receiving as many responses from BSACI members as possible.

Some members will already have accessed BSACI patient leaflets from the website. Dr Tina Dixon will shortly be including patient leaflets on latex allergy, bee and wasp sting allergy and pet allergy. Leaflets are freely available to download for members to use for their own patients. We are keen to include as many good quality leaflets as possible on the BSACI website and will consider any high quality locally developed leaflets for inclusion. We are also keen to hear of any gaps in our repertoire of leaflets.

Audit has now become an important issue, not only to ensure an improvement in clinical standards but also for personal development and appraisal. Dr T Krishna has taken the lead on this activity and this year we hope to undertake at least one national audit on allergy practice. All BSACI members undertaking allergy clinics should contribute to the audit to allow an accurate reflection of UK clinical practice and eventually improve the clinical care delivered to our patients.
Aoxapine 500 micrograms in 0.3 ml solution for injection in a pre-filled syringe.
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Aoxapine 500 micrograms in 0.3 ml solution for injection. One dose of 0.3 ml contains 500 micrograms of oxapiprazol hydrochloride. 100 micrograms of Aoxapine 300 micrograms in 0.3 ml solution for injection. One dose of 0.3 ml contains 100 micrograms of Aoxapine 100 micrograms in 0.3 ml solution for injection. One dose of 0.3 ml contains 10 micrograms of Aoxapine contained in 100 micrograms of Aoxapine for Injection. Aoxapine is a white, bitter, crumbly, odorless, bitter, tasteless, and has no significant chemical or physical properties. AOXAPINE FOR INJECTION is a bitter, white, bitter, and has no significant chemical or physical properties.

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The past six months has been a time of transition for certain junior members. Two allergy trainees have entered into full time consultant posts: Sophie Farooque, a former BSACI junior member representative, will soon be taking up her new post at St Mary’s Hospital and myself, having recently started at Guy’s and St Thomas’.

The Joint Committee on Immunology and Allergy (JCIA) has two new trainee representatives: Bryan Fernandes representing allergy trainees and Tomaz Garcez representing the clinical immunologists. Bryan also takes over ownership of the Allergy Trainees Google Group which was previously a discussion forum exclusively for allergy specialist registrars but is now open to immunology trainees, all of whom will have been invited to join. Reciprocal arrangements have also been made for allergy trainees to take part in the Immunology Hitchhikers Group.

The allergy training days continue to attract a healthy mix of both allergy and immunology trainees with recent sessions having been held at St Mary’s Hospital and at the Royal National Throat Nose and Ear Hospital. The next day will be held at the Northern General Hospital in Sheffield on 6 May followed by Addenbrooke’s on 15 September. Further details can be found on the BSACI website.

Finally, by the time you read this the election of the new BSACI junior member representative will be well under way, if not completed. Good luck to new candidate and I hope that they will enjoy the post as much as I have.

Congratulations to Rubaiyat who recently started in his new consultant’s post and thanks from the BSACI for his sterling work as Junior Member representative.

Primary Care update

Dr Samantha Walker, Chair, Primary Care Group

The Essential Allergy Update for Primary Care 9 September 2010
The International Centre, Telford

The British Society for Allergy & Clinical Immunology (BSACI) and the Primary Care Respiratory Society UK (PCRS-UK), in conjunction with the Royal College of General Practitioners (RCGP) and Education for Health, are hosting a one day conference designed for GPs and primary care nurses – The Essential Allergy Update for Primary Care – on 9 September 2010.

The ‘Essential Allergy Update’ day developed jointly by PCRS-UK experts in primary care, and BSACI experts in allergy, in conjunction with the RCGP and Education for Health helps to address practical issues from a primary care perspective. Using a case study based approach, well recognised/world class experts will take attendees through the pertinent issues on food allergies, allergic skin diseases and respiratory related allergy/rhinitis.

The programme provides ample opportunity to raise questions and to get a better understanding of how to deal with these time consuming/tricky conditions in primary care.

Registration starts from just £75. For venue information, and the latest programme, please visit the conference website: www.redhotirons.com/bsaci

The PCRS-UK Annual Conference
Optimal Respiratory Health: Leading The Way 10-11 September 2010
The International Centre, Telford

The conference is designed to equip primary care health professionals to meet the challenges and opportunities for driving high quality respiratory care. The conference provides essential clinical updates, highlights the leadership and communications skills needed at every level of respiratory care, and offers the latest in research and innovation.

Special discounted registration rates are available for those wishing to attend both conferences.

Visit the conference website for details of this conference: www.pcrs-uk.org/index.php
Nurses working within allergy in the Eastern region have formed a group “ANSWER”. The group first met in 2008 and now hold regular meetings throughout the year. The group formed to share best practice and provide a network of support across the region. A key aim is to support nurses in developing their knowledge, skills and competencies in clinical practice.

ANSWER’s aims and objectives are:
• To network within Eastern Region
• To develop links with national allergy groups
• To provide clinical support and supervision
• To share relevant research
• To benchmark and support guidelines for best practice in allergy
• To provide the highest quality services to patients
• To develop and maintain a profile in relevant publications and conferences.

One current project is to investigate seasonal exacerbations of asthma in relation to grass pollen and hospital admissions and medication use. ANSWER is currently reviewing patients within the region using specific local data to investigate the correlation between acute asthma exacerbations and deaths with seasonal aeroallergens in the East of England SHA.

ANSWER’s membership is open to all nurses working within the field of allergy in or around the Eastern Region.

For further information please contact:
Jennifer Whisken
jennifer.whisken@addenbrookes.nhs.uk
Janette Bartle
Janette.bartle@ipswichhospital.nhs.uk

YOUR PERSONAL INVITATION
from the BSACI nurses in allergy group UK, welcomes you to join us in an exciting day of allergy!

EAACI Nurses Day 5 June 2010, London

This aim of this day is to provide both an education and interactive theme. So bring along your colleagues and questions for a day out in London. Learn all the new cutting edge allergy information, from component resolved diagnostics to the latest in food desensitisation.

The day will encompass all things allergy from womb to tomb! Not only will you have access to world renowned guest speakers to nurses with experience from all aspects of allergy but also great networking opportunities.

For programme and to register go to www.eaaci2010.com.
So please join us for a warm welcome and to meet other Allergy nurses from the UK and Europe.

Amena Warner
This year’s AAAAI was held in the newly rebuilt city of New Orleans or Nawlins as it is affectionately nicknamed by locals. Famed for its Southern hospitality and with live jazz aplenty and seafood restaurants at every corner; New Orleans fulfilled all expectations. The convention centre having doubled-up as a field hospital in the immediate aftermath of hurricane Katrina was now fully functioning and was our conference base.

The programme was packed with a mixture of basic, translational and clinical science; with well-attended oral abstract and poster sessions and the daily plenaries proving to be educational highlights. The presidential plenary evaluated the potential impact of pharmacogenetics in asthma whilst in a novel plenary exploring the effects of global warming and air pollution on allergic disease, Stephen Holgate passionately discussed “The science of climate change.” Steve Durham also contributed to the plenary programme lecturing with his customary clarity and flare about immune tolerance in allergy. Other senior BSACI members invited to speak included Tony Frew (who as always was flying the flag for London EAACI 2010) and Tak Lee (who was described as the father of aspirin-sensitive asthma) during his session on aspirin-sensitive respiratory disease. Also attracting interest amongst delegates was the redesigned EpiPen that automatically covers the needle once activated and is expected to reach the UK market in the next six months.

In the evenings, downtown New Orleans provided ample musical entertainment and more great restaurants than there was time to try and we found a city still celebrating its triumph in the American Super Bowl. On my last evening, I found a shop selling “adrenaline” seasoning which felt like a fitting end to my US experience! I returned to London inspired by the conference but also struck by the warmth and generosity of the people of “Nawlins” itself.

I would like to thank the AAAAI for awarding me an International Travel Scholarship to attend this meeting.

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The Paediatric Asthma and Allergy Meeting in Venice was a wonderful treat. The meeting had a really personal feel due to the more manageable number of delegates and sessions so that one did not feel so torn between sessions and was able to find and bump into colleagues at the Conference Centre. The conference ran very smoothly and there were a nice mix of symposia, plenaries, postgraduate and practical courses, posters, poster symposia, work-shops and pro-con debates. The meeting was very relevant for clinicians and the basic science component was translational ‘bench to bedside’. There were joint sessions with ESPGHAN and there was also a strong respiratory component with joint ERS symposia and a real focus on pre-school wheeze. Highlights for me included the all hot gene-environment interactions, allergy as a barrier disease, clinical applications of inhalant and food component resolved diagnostics, immunotherapy advances, managing allergy in schools, cross-contamination of foods in factories and an excellent drug allergy symposium.

The social calendar was needless to say both exciting and entertaining. Delegates were welcomed with an evening of Jazz courtesy of Cheryl Porter and the Luppia Jazz Orchestra. Venice was beautiful to form (St. Mark’s Square, The Ronalto bridge) and the weather was very acceptable for November. The Presidential Dinner was hosted at The Monaco et Gran Canal Hotel. Whilst gentleman in black tie enjoyed the company of their masked hostesses in lyra and intriguing phantom masks, the ladies beamed at masculine toreadors under golden facades. The atmosphere was further electrified with opera and an outstanding applause to Jan Lotvall (President), Nikos Papadopoulos (Secretary general) and Antonella Muraro (Treasurer). We are both looking forwards to the EAACI conference in London, 5-9 June 2009.
The Food Agency’s new Science and Evidence Strategy 2010-15

Andrew Wadge
Chief Scientist, Food Standards Agency

The Agency has recently published its new Science and Evidence Strategy 2010-15, setting out how we will use science and evidence to meet the challenges of delivering safer food and healthier diets. The Strategy sets out strategic priorities for the evidence and activities needed to ensure we obtain and use that evidence effectively, to support delivery of our Strategic Plan 2010-15, measure progress, inform development of the future strategy, and support the ability to deliver in the long term.

The Strategy is published on the Agency’s website www.food.gov.uk/science/research-policy/scistrat.

Science is at the heart of the Agency and is reaffirmed at the core of its Strategy and in our new Strategic Plan, but we will need to work harder and more sharply to learn from experience and meet the science and policy challenges ahead. These range from controlling foodborne illness to achieving changes to food products and behaviours that will lead to healthier diets, understanding better what actually works in practice to achieve long-lasting benefits, and developing risk-based controls and effective interventions that will help raise standards of hygiene in all food businesses.

These are complex issues that do not fall neatly into silos, and this Strategy prioritises partnership, multidisciplinary approaches, a broad definition of evidence and a longer-term perspective. Crucially, it sets out a greater commitment to working with others on shared issues.

Our Science and Evidence Strategy gives us an excellent framework for the work ahead. It has benefitted enormously from discussion with our science advisers, partners and stakeholders, which has been invaluable. I look forward to working together to deliver this agenda.

As a first step in implementing the Strategy, the Agency has also published its first forward evidence plan, setting out the main work we aim to commission for the next 1-2 years (available via our website). We are inviting comments on the evidence plan before we commission new work, on existing data that could help meet or refine our evidence needs, and opportunities for working in partnership to deliver this work.

Clinical Immunology BSACI Sub-Committee

Dr Joe Unsworth, Chair BSACI Clinical Immunology Sub-Committee

Mission Statement (2009)

1) To encourage all Immunologists (including trainees and nurse specialists) to become BSACI members.

2) To help BSACI provide up to date professional direction assisting front line delivery of professionally led allergy services.

3) To assist in the development of allergy services across the UK for the benefit of patients.

4) To encourage and support research, development, and audit in the context of clinical allergy.

5) Liaise with Immunologists who are not BSACI members and respond to their concerns.
Allergy update

Announcements

Allergy Academy study days for 2010

**May**
Wednesday 5 May  Practical Allergy in Primary Care  (in partnership with Allergy UK)
Friday 14 May  Food Allergy in the Gut study day  (in partnership with Great Ormond Street Hospital)

**June**
Saturday 5 June  Paediatric Allergy for General Paediatricians  (Satellite meeting of EAACI congress, in partnership with BSACI)

**July**
Tuesday 13 July  Advances in Asthma Care  (in partnership with Asthma UK)

**September**
Wednesday 29 September  Practical Allergy in Primary Care  (TBC)
Thursday 30 September  Practical Allergy for Nurses  (TBC)

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THE COMPANIES ACT 1985

NOTICE CONVENING ANNUAL GENERAL MEETING of the BRITISH SOCIETY FOR ALLERGY & CLINICAL IMMUNOLOGY

NOTICE IS HEREBY GIVEN that the 2010 Annual General Meeting of the company will be held at The Platinum Suite 4, ExCel London, One Western Gateway, Royal Victoria Dock, E16 1XL, London UK on Sunday 6 June 2010 at 5:15PM to consider and, if thought fit, to pass the following resolutions of which resolutions 1 to 2 (inclusive) will be proposed as Ordinary Resolutions.

**ORDINARY RESOLUTIONS**
1. To appoint the Auditors
2. To transact any ordinary business of the company

**BY ORDER OF THE BOARD**

Professor Adnan Custovic
Honorary Secretary

Dated:  22 April 2010
Registered Office:  Elliot House, 10-12 Allington St, London SW1E 5EH

Note: A member entitled to attend and vote at the above meeting is entitled to appoint a proxy to vote instead of themselves.
A proxy need not be a member of the company.
Update on Paediatric Allergy

The BSACI and King's College Allergy Academy are hosting a study day for Paediatricians and GP's with an interest in allergy.

The event takes place on Saturday 5 June 2010 at the Excel Centre in London's docklands.

It is an ideal warm up to the EAACI conference, which starts the next day in London's Docklands. Speakers will give an update on new developments and discuss common and controversial areas of paediatric allergy practice including developments in food allergy, drug allergy, anaphylaxis, the role of allergy in eczema and common gut symptoms, including tips on setting up an allergy practice and the new RCPCH care pathways.

Speakers include:
- Dr Adam Fox
- Dr Graham Roberts
- Dr George du Toit
- Dr Mich Lajeunesse
- Mrs Kate Grimshaw
- Dr Mark Beattie
- Dr Helen Cox
- Dr Abbas Khakoo
- Prof John Warner
- And a keynote address from a past president of EAACI, Prof Ulrich Wahn.

BSACI Members £60
Non BSACI Members £75

To reserve a place, please contact sally@bsaci.org or call 020 7808 7136

RCP Manifesto

The Royal College of Physicians have set out their vision over the next decade of what a modern health service should look like together with a range of policies needed to support this in a document called 'Leading for Quality - the foundation for healthcare over the next decade'. The document is designed to help the membership, opinion formers and staff, understand what the RCP's core policy priorities are and how they all link back to improved patient care.

In the document they have focused on three key areas which they believe will form the basis of future healthcare debates:

**Improving the healthcare system** - leading clinical integration and collaboration; investing in a strong and sustainable medical workforce; by delivering safe, high quality healthcare; ensuring the best end-of-life care for patients; and promoting research and innovation within the NHS.

**Reducing health harms** - reducing the burden of alcohol misuse, tobacco and obesity; tackling health inequalities and the impacts of climate change on health.

**Physician Development** - fostering medical professionalism and leadership; and achieving the highest standards of training.

A complete copy of the manifesto can be viewed on the BSACI website www.bsaci.org

Bursaries to support allergy study days

The BSACI are committed to developing education in Allergy, particularly in primary care. In order to support this, we have developed a bursary scheme to support regional meetings for members who are planning study days in any area of Allergy.

The bursary will include £2,000 to help cover venue hire, marketing and speaker expenses. The package will also include endorsement of the event by BSACI (subject to approval of the programme) and support with promotions, speakers and administration.

Overall responsibility for the event will remain with the local organiser. This scheme has been made possible by the generous support of Mead Johnson and GSK in the form of an unrestricted educational grant. If you would like further details and an application form, please contact Sally-Anne at the BSACI Office on sally@bsaci.org

The deadline for applications is Friday 30 April 2010. However we are prepared to extend this to Friday 14 May.

BSACI Travel Fellowships

BSACI offer up to £1,000 to attend international meetings.

To be eligible those applying must send the BSACI a copy of the accepted abstract.

Applicants should indicate which scientific meeting they wish to attend together with:
- A brief curriculum vitae
- A supporting letter from their Head of Department confirming attendance at the relevant meeting is appropriate.

Successful applicants are required to submit a brief report of their attendance at the meeting, within 3 months of attending.

Further details, including submission deadlines for specific meetings, can be found on www.bsaci.org or by calling the BSACI Office on 0207 808 7135.
Statement of Fitness for Work: a guide for hospital doctors

On 6 April a new Statement of Fitness for Work (also known as the Form Med 3 or “fit note”) was introduced across Scotland, England and Wales which will enable doctors to give their patients better advice about returning to work.

An A4 summary of the details can be found on: www.dwp.gov.uk/docs/fitnote-hospital-guide.pdf

Let’s shout about it – BSACI in the Media!

Part of the BSACI ‘Communications Strategy’ has been about raising awareness of allergy in the media, and therefore we would like to strongly encourage members to contact the office when planning any media activity. This will help us plan our response by ensuring colleagues are available for interviews, so that we can gain as much exposure as possible. Nothing is worse than being on the end of a phone and being asked to comment on a story you have no knowledge of!

At times it would be appropriate for the BSACI to send out our own press release in response to any breaking news, however we can only do this if we are given prior notice of any activity/research you are planning.

BSACI now have a ‘Media Contact Centre’ section on the ‘Home Page’ of the website www.bsaci.org which outlines details the society would need in order to set up interviews. Please encourage journalists to visit this page, in preparation for any planned interview. So if you are planning any media activity in the future please call Fiona Rayner on 0207 808 7135 or email Fiona@bsaci.org

The BSACI Office

The BSACI Office is at:
Elliot House
10-12 Allington Street
London SW1E 5EH
E-mail: info@bsaci.org
Tel: 0207 808 7135
Fax: 0207 808 7139

www.bsaci.org

BSACI Staff:
Chief Executive: Fiona Rayner
Administrator: Schola Muhoro
Events Manager: Sally-Anne Cooke
Guidelines Officer: Pia Huber

APPOINTMENTS

Dr Susana Marhino, was appointed Adult Allergist on October 1st at Wythenshawe Hospital, Manchester

Dr Robert Boyle was appointed Clinical Senior Lecturer and Hon consultant in Paediatric Allergy Imperial College/Imperial College Healthcare NHS trust (ICHT) and started his post four months ago.

Dr Claudia Gore was appointed Consultant Paediatric Allergist in ICHT on 5 March 2010 and will commence work in June.

Dr Susan Chan took up post of Consultant Paediatric Allergist on 1 July 2009 at Guy’s & St Thomas’ NHS Foundation Trust.

Dr Rosa Caballero was appointed Consultant Allergist at Guy’s & St Thomas’ October 2009.

Dr Rubiayat Haque also took up the post of Consultant Allergist at Guys March 2010.

Kasia Hawrylowcz was made a Professor recently.

DIARY DATES

See www.bsaci.org for programmes, further meetings and courses

Meetings

5-9 June 2010
29th EAACI Congress
ExCel Conference Centre, London
www.eaaci2010.com

24-25 June 2010
British Thoracic Society Summer Meeting
University of Manchester
www.brit-thoracic.org.uk

5-8 December 2010
WAO Scientific Conference
Dubai
www.worldallergy.org/2010dubai/

EAACI 2010
5-9 June

As many of you are aware, the BSACI will be hosting the EAACI Congress in 2010 at London’s Docklands. Details can be found on www.eaaci2010.com
Allergy Diagnostics & Therapeutics

Diagenics and Allergopharma, working together to bring the highest quality products to the UK market.