Annual Meeting 2013
3 months to go!

Deadline for abstract submission extended to
Monday 8th April

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WE’RE FIGHTING THE SAME FIGHT

I HAVE A SEVERE RESPIRATORY ALLERGY
I’M AN IMMUNOTHERAPY RESEARCHER

The biopharmaceutical company Stallergenes has been driving research and collaboration with the medical community for 50 years now and is at the forefront of allergen immunotherapy.
Welcome to spring 2013 edition of Allergy Update! If 2012 was the year of the Olympics, 2013 will be remembered for Commissioning with the new board gaining its full statutory powers from April 1st. William Egner and Rubaiyat Haque write about how the BSACI are responding and what needs to be done with regard to this new way of working. The summer fast approaches and preparations for the annual conference are in full swing and Claudia Gore updates us on what we can look forward too at our new conference venue in Telford. This promises to be our biggest event yet and there is much to look forward too! The website is very much up and running and Sophie F arooque gives us an update and we have also included a guide to show the content and structure of the BSACI website. There is an abundance of helpful material including ‘papers that are a must read’ which Steve Till and colleagues have put together, and an abridged version is also in this issue. Continuing on our look at allergy around the UK, Southampton is featured reviewing their very active adult and paediatric clinical and research units.

There has been much excellent work being undertaken by the committees and we have news from a very recent All Party Parliamentary Group meeting on allergy services. From our end there is concern about numbers of trainees in allergy and immunology and Phil Wood and Alex Croom summarise how training numbers may be better maintained. Although this editorial is more than 140 letters and would not suffice, George Du Toit presents why you should tweet during lectures and how this medium can quickly improve your breadth of knowledge.

Lastly congratulations must go to current and previous members of the Standards of Care Committee (SOCC) who have achieved recognition for the BSACI guidelines process. I hope to see you all at the conference.

Onwards and upwards!

Dr Lee Noimark, Paediatric Allergist, Barts and the London Children’s Hospital

Contributions should be e-mailed to: Pnoimark@hotmail.com

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Commissioning arrangements for specialised allergy services continue to dominate my mailbag. Comments to the clinical reference group suggest that a consensus is emerging for how the most specialised work should be defined and commissioned, while the Quality Assurance Scheme (IQAS) run by the Royal College of Physicians and Joint Committee for Immunology and Allergy will ensure that clinics wishing to provide specialised services register and comply with programmes to improve standards of care.

Several Council members went to the House of Commons on 4th March to take part in the All-Parliamentary Group meeting on allergy services. It is now ten years since the RCP report on allergy services (Allergy: the Unmet Need) and, if we are honest, progress has been too slow. While welcoming the achievements of the DH-sponsored scheme in the North-West, and the hard work of all those involved in allergy care in that area, it is clear that it is really hard to develop services without proper investment. We heard heart-rending stories from patients and parents about their difficulty in accessing appropriate services around the UK, and we discussed the political reality of trying to develop services where only limited facilities exist. The attitude of “no clinic, no waiting list, no problem” needs to be confronted and challenged. At the same time, allergies are such common problems that everyone involved in healthcare needs to know about the conditions that may present in their particular area – we need more specialists focusing on allergy but also more education for generalists and organ-based specialists in secondary and primary care.

Good news from NICE recently for patients with difficult asthma – new guidance was published for the use of anti-IgE monoclonal antibody therapy, which should mean that more patients are able to access this treatment when their asthma requires frequent courses of oral steroids, even if they are not requiring admission to hospital.

As part of our plans for greater engagement with doctors in training, BSACI has set up a prize for medical students presenting research studies at the annual meeting. Capturing the interest of students before they decide on a career is an important way of ensuring we get the best possible graduates entering our training programmes. All suggestions on other ways to achieve this are most welcome.

Finally, plans for BSACI’s first annual meeting in Telford are well advanced. There is an excellent scientific and social programme, and I look forward to seeing many of you there in July.
Recruitment and training in allergy and immunology

Anybody involved in trainee recruitment for clinical immunology and allergy in recent years will be aware that we have struggled to fill posts. This is concerning; it risks a shrinking consultant workforce and threatens patient care. Specialised service commissioning is poised to improve the structures and financial underpinning of the two specialties but is threatened if there are too few consultants. If we are to reverse this trend we need to look at why our chosen specialities are not attractive to current trainees.

**We** find them endlessly fascinating and fulfilling; why are we not convincing enough trainees that they will?

We have identified a number of factors that may be contributory:

- Trainees may not be aware of clinical immunology and allergy as potential career options. Undergraduate exposure may be minimal or confined to basic science teaching. Even in core medical training - with its rich exposure to immunological and allergic disease - management is principally through organ-based specialties.
- The current training programme structure is inflexible encouraging early adoption of a speciality and making it difficult for trainees to pursue research prior to speciality training. We may lose trainees to bigger specialties.
- Immunology trainees are required to acquire FRCPath and for some this may be considered ‘too hard’.
- Both potential and actual trainees express concern about job opportunities. Immunology and Allergy have low profiles nationally particularly in relation to national health priorities and are potentially vulnerable in an NHS which needs to make efficiency savings.
- National recruitment can obscure local jobs for candidates who prioritise geography over speciality.

What can we do to improve things?

Work at local level to promote the specialties by all staff is a key part of spreading the message. This needs to be from undergraduate education upwards with the specialities in evidence as highly relevant branches of clinical medicine rather than dry basic sciences.

Current day trainees get their information (including job adverts) on the web and we need to ensure that both specialities are as visible as possible - both on national and local deanery sites. Career fairs need to be attended and CMT doctors wooed; you may not have a vacancy but the adjacent centre might. Recruitment is going to stay national but in mid-2013 will be run jointly by the RCP and London Deanery, which should increase the exposure of both specialties.

Perhaps we need to re-consider the structure of training. The authors believe that the time is ripe to have a sensible, reasoned and transparent discussion about a joint training programme. Pooling our resources and expertise may broaden the appeal of training posts and improve job prospects achieving high quality care in both specialties in more hospitals. This will be in the best interests of our patients, our future trainees and our specialties.
Commissioning of local allergy Services

One of the significant challenges facing the allergy community is the problem of how to get clinical allergy services (both existing and new) commissioned locally by Clinical Commissioning Groups (CCGs). ‘Highly Specialised’ allergy services such as those provided in tertiary centres will be paid for nationally by the NHS Commissioning Board but the majority of allergy work will require commissioning decisions to be made by CCGs in line with the needs of the local population. Given the current economic climate and clinicians’ relative lack of knowledge of the commissioning process, the prospect of persuading CCGs of the importance of paying for allergy services is a daunting one.

To help with this very issue, the BSACI convened a Local Commissioning Working Group which held its first meeting on 11th February at Guy’s Hospital. The brief of the group is to provide practical guidance for allergy service providers in getting their services commissioned. The membership of the group includes consultant allergists (paediatric and adult), consultants in associated specialties, general practitioners, nurses and representation from Allergy UK.

The first step in persuading CCGs is to demonstrate that there is indeed a clinical need for allergy services. A series of allergy service reports starting a decade ago with the Royal College of Physicians ‘Allergy: The Unmet Need’ and then the House of Commons Health Committee Reports followed by the House of Lords Science and Technology Committee Report all contribute to this data.

Secondly, the CCG will want to know what an ideal allergy service should look like. There will always be a lot of debate surrounding this, but an attractive option is one of a formal (or at least semi-formal) geographic network of providers in both primary and secondary care, underpinned by specialist support from a tertiary allergy centre. There should be some degree of shared governance and audit activity as well as shared allergy-specific training and CPD within this network. It may be more attractive for a CCG to commission allergy work from a primary or secondary care provider knowing that it is backed up by a tertiary service.

Thirdly, and probably the most challenging aspect, is supplying hard evidence that allergy services produce measurable health and economic benefits. Our champion in this area is John Warner, who is providing knowledge of the published literature as well as generating new data with his exciting work in developing allergy care pathways. The group is working on incorporating these 3 areas into a digestible report that provides the specific information that commissioners require when making their commissioning decisions. Hopefully, this will be a useful resource to BSACI members present and future. Work is underway and we will keep you informed of our progress. If you feel that you might be able to contribute to the work of this group then please do get in touch.

Dr Rubaiyat Haque, Allergy Consultant.
Guy’s and St Thomas’ Hospital in London

AllergyWise for GPs and Practice Nurses – Now available

We are very pleased to announce that our new AllergyWise online training course for GPs and Practice nurses is now available to access from our website www.anaphylaxis.org.uk/allergywise-training/allergywise-online-training-for-gps-and-practice-nurses

Designed to provide those in general practice with the knowledge needed to support patients with, or developing, severe allergies, this AllergyWise online course includes three key elements:

1. Information about allergen avoidance, early recognition of symptoms and crisis management.
2. How the Primary Care team should manage patients with severe allergies.
3. Training resources include two PowerPoint presentations and trainer auto injectors.

The Anaphylaxis Campaign is the only UK wide charity to exclusively meet the needs of the growing numbers of people at risk from severe allergic reactions (anaphylaxis) by providing information and support relating to foods and other triggers such as latex, drugs and insect stings. Our ultimate aim is to create a safe environment for all people with allergies by educating the food industry, schools, pre-schools, colleges, health professionals and other key audiences. The Campaign provides tailored services for individual and clinical professional members and also has a corporate membership programme.

For more information contact:
Natasha Clement-Jones or Sarah Beresford – tel: 01252 546100, email: press@anaphylaxis.org.uk
Visit our website: www.anaphylaxis.org.uk
The BSACI’s guideline development process awarded accreditation by NICE

The BSACI Standards of Care Committee (SOCC) published its first guideline in 2007 with 8 guidelines published by 2012. Dr Shuaib Nasser who recently stood down from chairing the SOCC, implemented from the start a high standard in its development process aligning it as much as possible with the SIGN (Scottish Intercollegiate Guidelines Network) standards and the AGREE (Appraisal of Guidelines Research and Evaluation) recommendations. At the same time he was concerned that BSACI guidelines should be readable, provide clinically relevant guidance and be up to date. In 2009 NICE started a new accreditation scheme for guideline developers in order:

- to help health and social care professionals identify the most trusted sources of guidance developed using critically evaluated high quality processes
- to improve patient outcomes through providing robust evidence for NICE quality standards
- to drive up the quality of information used by health and social care professionals in decision making.

The BSACI was encouraged by NICE to apply for the scheme and by 2012 had developed 3 guidelines using a methodology compliant with NICE accreditation criteria. These latest changes included lay-member involvement, enhanced reference searches to widen the evidence base and the use of national audits to monitor implementation of guidelines.

In February 2013 BSACI guideline developers were awarded NICE accreditation. The accreditation applies to guidelines published since 2010 which includes the BSACI guideline for egg allergy, immunotherapy for rhinitis and also immunotherapy for venom allergy. The accreditation will also apply to future BSACI guidelines until 2018.

NICE accreditation has benefits for BSACI as it will:

- increase the visibility of BSACI’s guidance and advice
- allow BSACI guidelines to be eligible for development of NICE quality standards
- Allow commissioners to use the guidelines to assure standards in Allergy services
- Promote BSACI guideline development processes as being robust and transparent
- Enable BSACI to use the NICE accreditation mark as an indication of the high standard of our guidelines providing good quality information.

It is due to many hours of dedicated work by SOCC members and guideline expert teams that these high standards have been achieved and they deserve my heartfelt thanks.

Leaving a legacy to BSACI

The BSACI continues to be committed to the provision of high quality, NHS based allergy services to those suffering from allergic disease and related disorders of the immune system. We strive towards this via a pedagogic approach that places an emphasis on training and on standards of care at both the Primary and Secondary level, and through encouragement of scientific research into allergy and immunology via our journal Clinical and Experimental Allergy and our meetings and awards.

With this in mind, I would like to make a direct and candid appeal to all our members. I am sure you have considered leaving money to a charity in your will and I would like to inquire as to whether you might choose to leave a legacy to the BSACI. A pledge of your continuing support would safeguard the Society’s aims and help us to plan for the future with confidence.

When I joined the BSACI it was a small organisation run by Sue Duff part time in her spare bedroom – we now have our own office, over 700 members, an excellent journal and meetings and guidelines which are highly respected worldwide. Our staff now number five - and all are working hard. We need to build on this firm base by increasing the size of our meetings and maintaining its scientific and clinical validity, whilst continuing to educate trainees and primary care practitioners and helping to finance the accreditation scheme and the National Allergy Strategy Group. It may also prove necessary to fund work showing the socio-economic benefits of allergy diagnosis and treatment. In order to accomplish all this we need guaranteed future funding.

I hope you will consider remembering the BSACI, so that we can plan more assuredly for the future.

Further details can be found on www.bsaci.org/about/leaving-a-legacy-to-the-bsaci

Dr Glenis Scadding, BSACI Past President
A world of knowledge about allergy

MEDA is one of the fastest growing Pharmaceutical companies in the world, with a global presence in over 120 countries and a current UK portfolio of over 70 products.

With a team of dedicated specialists, we are committed to supporting healthcare professionals and patients in the treatment of allergy - now and for years to come.

So as you can see we are covering a lot of ground.
Specialist Commissioning for Immunology and Allergy 2013

All Specialist Commissioning will be provided through the NCB (National Commissioning Board) from April 2013. There were over 60 Specialist Services definitions (NSSDS) in existence and for the first time they are to have a national mechanism for commissioning these. In a frantic few months of activity in 2012 the CRG (Clinical Reference Group) for Immunology and Allergy was established, with myself as chair. We undertook an exhausting programme of development of Specialist Services scopes and final Specialist Service Definitions. These will form the basis for contracts to identify and commission specialist services in Immunology and Allergy.

Adult and Paediatric Services have separate, but linked, definitions. I cannot thank my colleagues on the CRG enough for their efforts and advice in completing a mammoth task in so short a time. Consultation on the final products has completed and hopefully both will be confirmed as the basis for commissioning Specialist Services by the 10 Local Area Teams who will be responsible for the commissioning of your Specialist Services.

Dr William Egner
Chair of the Immunology and Allergy CRG.

All the relevant information can be found at the following websites:
www.commissioningboard.nhs.uk/ourwork/d-com/spec-serv/crg/
www.commissioningboard.nhs.uk/ourwork/d-com/spec-serv/consult/

Please keep an eye on the specialised commissioning resource pages on the NCB website where relevant pages will be uploaded during March, become familiar with the service specifications and how your service might meet these requirements. Commissioners will be trying to identify where these specialist services are currently being delivered and will no doubt require assistance from you as the gathering of accurate data will be problematic at first.

It is important to remember that we are defining those top-tier Specialist activities, not all allergy care - the majority of allergy services will remain commissioned through local commissioning groups. However, for the first time we will be able to develop a core network of Specialist Centres working to contracts that improve and standardise the patient experience in England. A key role of the Specialist Centre will be to support patient organisations, commissioners and primary care in providing optimal and cost-effective allergy and immunology care.

We have embedded important aspects of quality assurance and governance in the specifications and will be further developing outcomes measures in consultation with patients and carers in the forthcoming year, as well as addressing some anomalies, omissions and overlap with other specialist activity in Respiratory Medicine and Dermatology identified during the process and through feedback.

In addition, we developed a Commissioning Policy for acute treatment of HAE which hopefully will allow equitable access to home treatment options with all the available acute treatments, and proposed a couple of QIPP programmes (not yet adopted) on home treatments for Immunoglobulin replacement and HAE treatment. The CRGs have now been reconstituted by application for the next 3 years, with one individual for each Clinical Senate Area. Patient and Carers, Professional Societies and Colleges will all be represented.

Feedback through your local CRG representatives will be key to ensure that we address the concerns and needs of members to ensure the best outcome.
It is an honour and a privilege to be able to write about my friend, colleague and mentor Tak Lee who was appointed CBE in last years’ honours list. Tak left his home and family in Hong Kong when aged 10 to study at Marlborough College, where he won a scholarship to Clare College Cambridge and a first class Honours Degree in Medical Sciences there in 1972. He then moved over to Guy’s Hospital in 1975 to study for his MBBS Degree where he has spent most of his career.

Tak was appointed Clinical Lecturer at the Department of Allergy and Clinical Immunology at the Brompton Hospital in 1980 where he worked with Professor Barry Kay. He was then awarded a series of NIH/MRC/RCP scholarships to undertake post-doctoral research, much of which was performed with Dr Frank Austen at Harvard between 1982 and 1984. As a result of this research Tak became a world-acknowledged expert on leukotrienes, mediators whose properties were poorly described and understood at that time. In 1985 he was appointed Senior Lecturer and Honorary Consultant at Guy’s Hospital. He succeeded in establishing a department of worldwide renown at Guy’s and his work was spotted by the Asthma Research Council (now Asthma UK) and in 1988 he was appointed Professor of Allergy and Allied Respiratory Disorders, the first professorial chair funded by Asthma UK.

At this time UK Allergy was in rather a bedraggled state. There were few persons capable of investigating and managing the full spectrum of allergic diseases at that time, and there was no formal undergraduate or postgraduate allergy training. By establishing the Guy’s Allergy Research Unit in 1988 which started with an annual budget of £70,000, and was staffed by Tak, a non-clinical lecturer (Mike Kemeny), 5 technicians, 7 junior researchers, a research nurse and a dietician, the science and clinical practice of Allergy was first put on the map. Originally the Guy’s Allergy Clinic and Research Unit offered one Monday clinic per week. At that time, according to the July 1988 edition of Asthma News, Bricanyl Turbohalers and Becodisks were the latest thing in the treatment armamentarium for asthma.

Working with early clinical colleagues and research fellows, including Claire Horton and Jonathan Arm, Tak instituted a number of innovative and sometimes controversial studies regarding the management of asthma. One famous episode was treatment of the disease with fish oil, the hypothesis being that fish oil fatty acids such as eicosapentaenoic acid would...
compete with saturated fatty acids for the production of leukotrienes, and thus reduce this production.

In 1989, he was appointed BUPA doctor of the year. The award was presented by HRH the Duchess of Gloucester, patron of Asthma UK. Tak remained a stalwart leader and spokesman and champion of Asthma UK throughout his professorship until he retired in 2011. He was a very visible face in the relentless pursuit of clinical and scientific of excellence needed to combat asthma and pioneered largely by the fantastic fund-raising efforts of Asthma UK and to a lesser extent other charities. Needless to say he was a staunch supporter of the BSACI while president. He increased the size and prestige of the annual meetings, fostering the national and international reputation of the Society.

Another of Tak’s great legacies was to address deficiencies in NHS allergy services. This he did partly through his chairmanship of the JCIA. Through his early work in this committee the current BSACI campaign for a widening allergy workforce has emerged and subsequently the first allergy trainee curriculum.

Never one to stand still, Tak went even further than this and, following an informal conversation with Barry Kay one night (it might have been in a pub) they both thought it would be a very good idea to set up a national asthma research centre of outstanding excellence. The MRC and Asthma UK Centre for Allergic Mechanisms of Asthma was born. Uniquely this was a research collaboration between two colleges of the University of London (King’s and Imperial), the MRC and Asthma UK. It widely acquired an international reputation for the excellence of its research, not least because it was broad-based, embracing approaches to the management of asthma ranging from epidemiology through pollution to cellular immunology, genomics and epigenomics. This was world class, all-embracing translational research. The foundation of the MRC and Asthma UK Centre allowed extension of Asthma UK’s research strategy following national consultations in 2002 and 2007. In 2007 the House of Lords Science and Technology Committee proclaimed the Centre as “a striking example of effective collaboration”. It has a thriving PhD program and attracts new research income in the region of £1 million annually.

The fact that the BSACI is now one of the world leaders in setting standards of allergy care is in part a consequence of Tak’s dreams and visions and tireless hard work in his illustrious 30-year career. This career has culminated (so far!) in his award of the CBE. He was elected by BSACI Council as an honorary member in December 2012, in recognition of the work he has undertaken for the specialty and for the Society over the years. Honorary membership is reserved for those who have made outstanding contributions and there’s no doubt Tak has made a truly gigantic contribution through his academic work, as a serving member on BSACI Council and also in his clinical practice. He has now retired...

Tak always used to say that, once in, nobody ever leaves the Department of Asthma, Allergy and Respiratory Science here at Guy’s. Well, Tak, you have not left either. Your legacy lives on, and I hope we all have the courage, fortitude and single-mindedness to carry on your great work.
Only three months to go!

After the successful 2012 meeting, we have taken all your feedback on board and have a varied and - once again - ambitious programme for our 2013 meeting. The 2013 theme “Allergy across the Ages” was inspired by the wonderful historical setting of our new conference venue, which is very close to the UNESCO World Heritage Site of Ironbridge.

Within the programme, we have an excellent line-up of speakers on the early life risk factors, symptoms and treatments of allergic disease. We will highlight the importance of bridging the gap from paediatric to adult care and hope to put adolescent allergy firmly on the map.

We have continued to make the meeting very inclusive - reflecting the multidisciplinary nature of allergy research and clinical care. You will, once again, find specific strands for basic scientists, adult and paediatric clinicians, trainees, nurses, dietitians and primary care teams. We would like to give a big “Thank you!” to all our colleagues in the various settings, who contributed to putting this exciting programme together.

You will find that the programme highlights of previous meetings have been retained:

- Unopposed poster sessions, this year in a bright and much bigger space
- Grand Rounds, Review of the Year and some excellent sessions hosting some of the world’s leaders in the field of allergy.

We shall be expanding our “Hands on Workshops”, which will run on both the Monday and Tuesday - demonstrating (and encouraging you to get your hand on) “Sprays & Pumps”, “Messy Play” (eczema creams) and other practical procedures.

To celebrate our move to the new, spacious venue, we have a fantastic, fun and inclusive Welcome Evening planned at the Conference Centre for Monday Night. The Tuesday night Gala Dinner will be held in the Enginuity Iron Bridge Gorge Museum set within the beautiful UNESCO world heritage site. The drinks reception will be held in the interactive Design and Technology Centre and Dinner in an adjacent grand Grade II listed Victorian building. Despite the change in venue, the conference remains competitively priced - and travel fellowships are available for junior/student and allied health members. If you have not done so already, you can register for the meeting and submit your abstract on www.bsacimeeting.org/

The deadline for abstract submission has been extended to Monday 8th April 2013 and the early bird registration discount is available until 26th of May 2013.

Please come and join us and make this our best ever meeting yet!
2013 William Frankland Award for Outstanding Services in the field of Clinical Allergy in the United Kingdom.
Professor Adnan Custovic

Professor Adnan Custovic, a tireless supporter of clinical and academic allergy, has been chosen to receive the 2013 William Frankland Award.
He has developed and grown a large tertiary allergy service for adults and children in South Manchester. His dedication to the cause of clinical allergy - making it available to all, anywhere in the United Kingdom, is reflected in his leadership in setting up the North-West Regional Allergy Service. His work has improved access to services and secured sustainable funding for the delivery of care, training of healthcare professionals and the development of standards across the region.
Professor Custovic has been an active member of the BSACI throughout his career and until most recently served as BSACI Secretary. He has represented allergy on numerous national and international committees and contributed to a host of international guidelines and taskforces.
He leads an exceptionally active clinical research group, focussing principally on the relationship between allergic disease and the environment as well as the primary prevention of asthma and allergic disease. He has published in excess of 200 peer reviewed publications (current citation H-Index: 56) as well as numerous book chapters and reviews.
Professor Custovic will be presented with the William Frankland Award at this years’ BSACI Meeting on Wednesday, 10th July at 09:05 a.m. in Telford.

Jack Pepys Lecture 2013
Professor Christopher Corrigan

Chris Corrigan is Professor of Asthma, Allergy and Respiratory Science at King’s College London and has been chosen to deliver the prestigious Jack Pepys Lecture this year. He qualified with the highest first class honours in Physiological Sciences from Oxford in 1979. Post MRCP, he was appointed as a research fellow at the Brompton Hospital, where he investigated the role of the T cell in asthma pathogenesis. Subsequently, he obtained a highly competitive MRC Clinician Scientist Fellowship, and began to analyse cytokine mRNA expression in blood T-cells and T-cell activation in the bronchial mucosa (a revolutionary concept, since fibreoptic bronchoscopy was considered risky in asthmatics). He conclusively demonstrated that bronchial mucosal T-cells are activated and up regulate Th2 type cytokines in asthmatic, and that this expression is reduced with corticosteroid therapy.
He then proceeded to investigate glucocorticoid resistant asthma and showed that asthmatics who responded relatively poorly to corticosteroid therapy after a severe attack also had relatively corticosteroid resistant T-cells. This established the concept of corticosteroid resistance and the criteria he established for clinical characterisation of these patients has become adopted worldwide.
In 1999 he joined Professor Tak Lee at King’s College, where he looked at the effects of various biologicals and anti-T-cell agents in asthma. He has published nearly 100 peer reviewed original research articles, 60 other peer reviewed articles. He has raised over £6 million in research funding. Chris currently runs the Guy's Hospital allergen immunotherapy and severe asthma services and supervises five allergy specialist registrars.

All the details are at www.bsacimeeting.org
The second WISC (World Allergy Organisation International Scientific Conference) was held (6-9th December 2012) in Hyderabad, India. Hyderabad is a fantastic city depicting the diverse life of India; the old city bustling with markets, the historical places like Charminar and Golkonda fort and the most modern part of the city the “HITEC city”, where WISC was located.

Global representation was the unique feature, delegates from 70 countries attended the conference with the theme being “Severe Allergies, Severe Asthma: New Strategies for Treatment and Prevention”. The programme was packed with a good mixture of clinical, basic and translational science sessions. The conference gave clinical trainees and young researchers (such as myself) an opportunity to listen to the experts in the fields of asthma and allergy. I presented an abstract on IL13 DNA-methylation and genotypes, highlighting that genetics and DNA-methylation are interdependent and need to be considered together when studying asthma. The abstract was selected for an outstanding abstract award and received first prize in the WAO Junior member abstract reception.

I would like to thank my supervisors (University of Southampton) Professors J Holloway, G Roberts and S H Arshad, our collaborators in US, the fantastic research team at the David Hide Asthma and Allergy Research Centre, Isle of Wight for their support and the BSACI for enabling me to present the abstract at WISC by awarding me a BSACI Travel Fellowship.

How to apply for a BSACI Travel Fellowship
Having been notified that your abstract has been accepted applicants need to submit the following by email to: Fiona Rayner at Fiona@bsaci.org

- A covering letter
- Brief curriculum vitae
- The abstract that has been accepted
- A supporting letter from the Head of Department.

All applications for the 2013 BSACI Meeting must be received by Monday 20th May 2013, as no applications will be accepted after this date. Members will be notified of the outcome of their application by Monday June 3rd, 2013.

Travel Fellowships are also available for meetings throughout the year, if you wish to apply please ensure your abstract has been accepted, before applying. All applications must be made at least three months prior to the meeting you wish to attend.

NB: Successful applicants may be called upon to submit a report of their attendance of the meeting for publication after the meeting.

Further details on BSACI Travel Fellowship Scheme can be found on: www.bsaci.org/meetings-and-events/travel-fellowships-and-bursaries
Research has long been an important part of the BSACI’s itinerary and therefore we have identified a selection of basic and clinical ‘must read’ studies. My thanks go to Drs Carsten Flohr, Nathan Bartlett, Paul Turner and Lorenzo Cecchi for their helpful suggestions. For full abstracts of these papers please go to the BSACI website www.bsaci.org

1) This is work that will be familiar to attendees of the 2011 BSACI annual meeting, where Louisa James won the Barry Kay Award. Her paper describes the first generation of a recombinant human monoclonal allergen-specific IgG4 antibody with blocking activity against IgE:

www.ncbi.nlm.nih.gov/pubmed/22583928

Allergen specificity of IgG(4)-expressing B cells in patients with grass pollen allergy undergoing immunotherapy.


4) There is a need for immunomodulatory treatments for food allergy. Wesley Burks’ paper describes a multicentre study of oral egg immunotherapy where 28% of patients in the immunotherapy group were deemed to have sustained unresponsiveness compared to none in the placebo group.

www.ncbi.nlm.nih.gov/pubmed/228938716

Effect of inhaled glucocorticoids in childhood on adult height.


2) The availability of IgE testing to allergen molecular components represents the outcome of allergy research spanning decades. These tests are increasingly allowing us to predict allergic phenotypes more precisely in the clinic. Although much attention has been focused on Ara h 2 as an indicator of severe peanut allergy, this paper describes how a different but common profile of IgE sensitisation (to Ara h 8) may be predictive of mild reactions or tolerance.

www.ncbi.nlm.nih.gov/pubmed/22738678

Peanut component Ara h 8 sensitization and tolerance to peanut.


5. Using a mouse model, this paper provides some useful insights in the possible function of different regulatory T cells subsets, with inducible/peripheral Tregs having a prominent role in regulation of mucosal Th2 responses.

www.ncbi.nlm.nih.gov/pubmed/22318520

Extrathy mically generated regulatory T cells control mucosal TH2 inflammation.


6. Nuocytes are a newly described type of innate lymphoid cell producing Th2 cytokines, initially described in animal models during parasite infection. The nuocyte story continues, here with evidence that nuocytes have the potential to contribute to asthma-like airway inflammation in a mouse model.

www.ncbi.nlm.nih.gov/pubmed/22079492

Innate IL-13-producing nuocytes arise during allergic lung inflammation and contribute to airways hyperreactivity.

Proven efficacy
Clinically proven:

- Relieves the symptoms of cows’ milk protein allergy (CMPA)\(^1\)
- Tolerated by 97% of infants with IgE-mediated CMPA\(^2\)

Unique formulation
The only extensively hydrolysed formula (EHF) range to contain:

- Prebiotic oligosaccharides (OS)
- Nucleotides

Superior palatability
Clinically proven:

- Daily consumption was 25 times greater with a whey hydrolysate than a casein hydrolysate in a clinical study of children on a few foods diet\(^3\)
Aptamil Pepti 1 & 2

Aptamil Pepti 1 and 2 are foods for special medical purposes, for the dietary management of CMPA.

Aptamil Pepti 1 is nutritionally complete and suitable for use as the sole source of nutrition for infants from birth. Aptamil Pepti 2 is suitable for babies from 6 months of age, providing extra calcium, vitamin D and iron to support a restricted dairy-free weaning diet.

For the dietary management of cows’ milk protein allergy

Find out more at: aptamilprofessional.co.uk
HCP helpline: 0800 996 1234

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Milupa Aptamil, White Horse Business Park, Trowbridge, Wiltshire BA14 0XB
Communications

BSACI website now fully operational

Dr Sophie Farooque, BSACI Website Interaction Designer

In the last 6 months, the new BSACI website has become fully operational with a surge of traffic. The website is not static and is regularly updated allowing members to find out the latest news from the BSACI, to comment on clinical guidelines published by the BSACI Standard’s of Care Committee and to access patient information leaflets. E-bulletins are now regularly sent out to the membership highlighting news stories as they appear on the site and are proving to be extremely popular. Increasingly members of the BSACI council are also using the website to feedback to the membership about their activities. In the next six months, it is likely that the website will start to post details of clinical trials that members are recruiting to. As always, you are encouraged to email us any articles that you wish to be considered for publication on the website.

Twitter

Dr George Du Toit, Consultant in Paediatric Allergy at Guy’s & St Thomas’ NHS Foundation Trust

Twitter is an online social networking and microblogging service that enables its users to send and read text-based messages of up to 140 characters. Twitter has become one of the ten most visited websites on the Internet and has been described as “the SMS of the internet”. Twitter has 140 million users worldwide and the UK is well represented with some 10 million active users. The use of social media, and Twitter in particular, is now a well established medium through which to accurately disseminate medical information to medical professionals and the public. Indeed, Allergists achieve some of the highest usage statistics for social media by any medical specialty. The recent 2013 AAAAI meeting bears testimony to this as evidenced by the many tweets associated with the hashtag #AAAAI. Most of the ‘tweeters’ were Allergists attending various sessions, but a recent trend is for those presenting to ‘pre-program’ tweets in order to facilitate the accurate and easier representation of their work. Given that tweets are restricted to 140 characters, only the most important concepts are communicated.

A poster was presented at the meeting (1) which highlighted the use of Twitter during the 2012 AAAAI meeting; this meeting had 5,041 registered delegates of which only 25 Allergists (0.49% of the attendees) used Twitter to publish 2,650 tweets. Their tweets reached 250,000 people (nearly 50 times the number of people who attended the meeting). Of the tweets, 1,397 (52.7%) were facts and 7.2% (192) were facts with links to support the factual information. There were 366 (13.8%) replies, 274 (10.3%) status updates, 219 (8.2%) re-tweets, 112 (4.2%) opinions, 46 (1.7%) queries and 25 (0.9%) advertisements.

If you wish to activate a twitter account it’s free and easy with many self-help guides available. The BSACI is active @BSACI2012 as is the BSACI Paediatric Allergy Group @BSACI_PAG. Other interesting sources include the @EAAAIC_HQ, @Allergy_Academy and the many journals represented such as @JACIOnline, @WAOJournal and @NEJM. Email and Facebook are considered passé, let’s go tweeting.


BSACI Membership Directory

We have now added a ‘Membership Directory’ to the members area of the website. This directory can be accessed by all BSACI members and will include the most up to date membership. This will enable members who simply wish to locate or contact another member the opportunity to do so via this online directory at www.bsaci.org.

We have deliberately made this as simple as possible with a search facility that enables members to find one another by typing in a surname. The results highlight the name of the member, hospital and default e-mail address. &e-mail provided for correspondence purposes to BSACI.

Members are automatically added to the directory, however should you wish to be excluded, you can simply opt out, by ticking the “opt-out” button on your membership profile.

We hope this tool will enhance connectivity amongst BSACI members and if you have any queries or comments regarding the membership directory, please contact Schola Muoro by email at schola@bsaci.org or Tel: 0207 501 3910.
Clinical
Southampton Allergy and Clinical Immunology service is a regional centre for the evaluation, diagnosis and treatment of patients with allergic diseases, including asthma, rhinitis, anaphylaxis, urticaria, angioedema, dermatitis, and food, drug and venom allergy in adults and children. Outreach clinics are held at hospitals in Bournemouth, Isle of Wight, Reading and Yeovil. Facilities are available for all routine diagnostics, including Drug and Food challenges. The immunology laboratory is nationally accredited and offers a full range of immunology tests including component resolved diagnostics. Allergen immunotherapy and drug desensitisation are carried out after appropriate assessments. Specialist clinics are held for patients with difficult asthma, food and anaesthetic drug allergy, supported by regular MDT meetings. The service is staffed by 5 adult and 3 paediatric consultant allergists, 3 allergy registrars, 5 nurse specialists and an affiliate of 2 consultant dermatologists, 1 consultant otolaryngologist and 2 paediatric allergy dieticians. In summary, this is a consultant led and research driven service with the ethos of delivering excellence in clinical care and education.

Research
Our research programme covers all aspects of allergy, from epidemiology to basic sciences and clinical trials. We take a patient focussed approach to improve the diagnosis, treatment and prevention of allergic disease. There are major collaborations with national, European and US academic Institutions and with the pharma industry. These projects are funded by, among others, NIHR, MRC, NIH (USA) and EU (FP6 and FP7 programmes). The initial 5 year grant and further 5 year renewal of the Respiratory and Nutrition Biomedical Research Units have facilitated translational research in the prevention and treatment of allergy.

A number of birth cohorts are being followed longitudinally in Southampton and the Isle of Wight to study prevalence of asthma and allergy and associated genetic and environmental factors. We are also investigating mechanisms of development of allergic sensitisation and immune tolerance and the role of epigenetics and microbiome in this process. The birth cohorts include Isle of Wight observational cohort, Isle of Wight prevention cohort, Food Allergy and Intolerance Research, EuroPrevall Food Allergy Project, and Southampton Women’s Survey.

Our Group is also developing interventions to both prevent, and treat, asthma and allergic disease in childhood. Preventive strategies include allergen avoidance, allergen immunotherapy and supplementation with vitamin D and omega-3 fatty acids. We are also exploiting the properties of the hydrophilic surfactant proteins A and D in regulating lung inflammation after exposure to infectious or allergic agents with the potential to prevent and treat asthma.

The role of epithelial-mesenchymal trophic unit in the development and persistence of asthma is being investigated across the life course, using novel techniques. Our respiratory group is a leader in the identification and validation of biomarkers of airways disease, which is being studied in an EU funded project, named UBIOPRED. New biomarkers for acute allergic reactions are being identified. The products of mast cell and basophil activation are aimed at improving the diagnostic and prognostic capability following anaphylaxis. Investigations into specific IgE to recombinant major allergen proteins should also improve the diagnosis of food allergy.
Regulation of skin test allergens

Dr Mark Wilkinson,
Dermatology Consultant,
The General Infirmary, Leeds

Plus ça change . . .
You may not be aware but the allergens we use in the diagnosis of allergy are considered by the Medicines & Healthcare Regulatory Agency (MHRA) to be medicines and subject to the same legislation. Skin prick and patch test agents are considered to be in vivo diagnostic medicinal products, on the basis that the substances are administered to human beings with the aim of making a medical diagnosis. In 2012, updated regulations were introduced and this article is a summary of a response from the MHRA clarifying the effect on current practice.

Medicinal products in the UK, should be the subject of a valid Marketing Authorisation as we expect for drugs. Obtaining this is potentially expensive and might prevent a supplier from entering the market.

Exemptions, however, exist in the legislation that permit the supply of unlicensed medicines. The basis of supply of an unlicensed medicine in the previous regulations was to be found in paragraph 1 of Schedule 1 of the 1994 Regulations, and had to be:

- in response to an unsolicited order from an authorised healthcare professional,
- formulated to the specification of that healthcare professional,
- to meet the special clinical needs of an individual patient,
- on the responsibility of the authorised healthcare professional placing the order.

Commercial manufacture of unlicensed medicines for supply in the UK must be undertaken by the holder of a Manufacturer (Specials) Licence. Following amendment of European legislation, from 2nd January 2013 manufacturers, importers and distributors of active substances operating in the UK will have to be registered with the MHRA.

A number of us also use extemporaneous allergens prepared either in clinic or pharmacy. Typically samples brought by the patient, either from home or their job, of substances to which they think they may be allergic.

A further exemption exists that permits this. Section 9 of the 1994 regulations provided an exemption from the need for a Marketing Authorisation and manufacturer’s licence for the preparation of a medicinal product by a doctor, to meet the special clinical needs of a patient (where those needs cannot be met by a licensed product). This must be undertaken by the doctor themselves and cannot be delegated.

However, there is a similar exemption from the need for a manufacturers licence when undertaken in pharmacy, under the supervision of a pharmacist, in response to a prescription from an authorised healthcare professional. This exemption was contained in Section 10 of the Medicines Act 1968, and now appears in Regulation 3 of the Human Medicines Regulations 2012.

Happily . . .
. . . plus c’est la même chose.

SpR Training Days

Since the last issue of Allergy Update there have been three successful SpR training days in Cambridge, London and Manchester. The next two training days will be held in London. The first of these will take place on 30th May 2013 and is being held by Professor Stephen Durham at the Royal Brompton, it will cover Allergen Immunotherapy. The second will take place in September, at Imperial College and will focus on Paediatric Allergy. We are aiming to make these days increasingly workshop and discussion based in the coming year in accordance to the preferences voiced by trainees.

These days are open to all Allergy, Immunology and Paediatric allergy registrars. They are free to BSACI members and will cost non-members £100. Allergy trainees will be contacted directly with details of the days while Immunology and Paediatric trainees will be notified through their representatives. If you think you are eligible for these training days, but have not been receiving information, please contact Serena Nazareth on 0207 501 3914 or email primarycare@bsaci.org.

The most up to date information about the training days can be viewed at www.bsaci.org/meeting-and-events/training-for-trainees.
The FAISG dietitians held their AGM in November 2012 and a new committee was elected, with myself as Chair and Mary Feeny as Co-Chair. The AGM was co-hosted with the Allergy Academy and Academy for Paediatric Gastroenterology food allergy study day for dietitians. FAISG members (Heidi Ball, Kristian Bravin, Charlotte Stedman and myself) contributed to the BSACI Cow’s milk allergy guideline as well as the BSACI nut allergy guideline.

On an international level, the FAISG dietitians have been involved in producing guidelines for the EAACI on “How to take and Allergy Focused Diet History” with Isabel Skypala playing a pivotal role in this. Other members of FAISG are involved in writing and finalising the EAACI Food Allergy Guidelines, due to be published this year.

The FAISG members who attended the AAAAI had a very productive meeting, with dietitians now officially being included in the AAAAI under the umbrella of the International Network for Diet and Nutrition in Allergy (INDANA). The 2014 AAAAI programme is set to include a wide range of dietetic courses and symposia, which will involve members of the FAISG.

The Food Allergy and Intolerance Support Group of the British Dietetic Association

Dr Carina Venter, Chair of the Food Allergy and Intolerance Support Group (FAISG)

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Clinical Immunology Committee Update

Dr Philip Doré, Chair of BSACI Clinical Immunology Committee

Over the last year the Clinical Immunology Committee has been involved in the BSACI annual meeting developing a program looking at vasculitis. I hope this will be attractive to allergists as it explores areas of practice that can occur in an allergy clinic. I would encourage general practitioners as well as hospital clinicians to attend what should be an interesting session.

The Committee is looking at expanding the KBA in allergy to include a proportion of immunology and immunodeficiency. This is present in the curriculum but not currently covered in the assessment.

We hope to encourage further joint training of both immunology and allergy trainees by encouraging trainees to attend relevant training sessions in either training programme.

Over the next year we hope to look at the possibility of creating or advising on allergy guidelines in overlap areas of clinical immunology and allergy.

The 2005 report on the relationship between Immunology and Allergy was important in developing the Clinical Immunology Committee and we will be looking at reviewing this in the coming year.

The British Society for Allergy and Clinical Immunology Annual Conference
8th-10th July, 2013 Telford International Centre
Since the last Allergy Update, two further BSACI training days have taken place. In December, Guy’s and St Thomas’s held a training day focussing on urticaria and angioedema with speakers including Dr Clive Grattan and Dr Hilary Longhurst. And on February 28th Manchester hosted the training day on ‘Food Allergy and Intolerance’. These excellent days are free to all Immunology, Adult and Paediatric Allergy BSACI trainee members. I would encourage all trainees to take a look at the programme for the next few months and come along!

The BSACI Annual Meeting is once again fast approaching and I will be co-chairing the Adult Allergy Grand Round. The Grand Round is a fantastic opportunity for trainees to present at a national meeting. Anyone who has a case in mind, please feel free to contact me for further information.

Finally, as we are nearing the end of our training, Phil Bright and I will be standing down as the BSACI trainee representatives later this year and an election will be organised. I would like to thank all at the BSACI as I have thoroughly enjoyed my 3 years representing the trainees and I wish good luck to the next junior trainee rep(s)!

Junior Members Update

Dr Melanie York, Adult Specialty Registrar in Allergy, Glenfield Hospital, Leicester

Since the last Allergy Update, two further BSACI training days have taken place. In December, Guy’s

Paediatric Group News

Dr Susan Leech, Consultant Paediatric Allergist, Kings College Hospital and Chair of the Paediatric Group.

‘...of course the next step is to develop standards for secondary care services.’ someone said. We had just finished toiling over the RCPCH competences for tertiary level paediatric allergy training. Six years later, BSACI Standards for paediatric allergy services in secondary care have been produced. I would like to thank all those who took the time and thought to contribute.

Clinical standards guide and support service change. Their existence in the public domain means that decision makers cannot ignore them. The Standards were circulated through the Paediatric Allergy Group database in December. They will also be available via the BSACI website. We understand that many colleagues are running allergy services under difficult circumstances. It is also clear that the configuration of allergy services varies across the country. We hope that the standards will be helpful in negotiating for improved services and welcomed the discussion which arose around how the standards could be disseminated and used locally. The intention is that the document will provide guidance for centres setting up allergy services, and to support business cases for service development. The next step? The RCPCH have asked us to produce a specification for Food allergy services, and the secondary care standards will be used to inform this.

We would be grateful if paediatric allergists who were not included in the circulation list in December could contact Jan Reiser, Secretary of the Paediatric Allergy Committee (jan.reiser@nhs.net), so that their e-mail address can be added to the paediatric allergy database.

Specialised paediatric allergy services are those with a planning population of more than a million people and are provided by less than 50 hospitals in England. Being specialised, they are subject to collaborative commissioning arrangements. Under the newly formed NHS Commissioning Board, Paediatric allergy has migrated to the Paediatric Medicine Clinical Reference Group. This allows the full range of specialised paediatric allergy work to be defined and commissioned and acknowledges its codependency with other paediatric specialties. A service specification has been developed, which specialist services will be required to meet from the 1st April 2013. Doctors providing specialist paediatric allergy services were asked to comment on the draft service specification in January.

Other news:

- George Du Toit and Paul Turner are developing standardised emergency action plans
- Emily Derrick has taken over as trainee representative on the Paediatric Allergy Committee
- Gary Steifel has been appointed as a second paediatric allergist in Leicester
- The first RCPCH START assessments were held in November at the Royal College of General Practitioners
- Don’t forget the PAAM meeting in Athens 16th – 18th October 2013, which will be chaired by Graham Roberts... and I hope to see you in Telford in July.
Update from the Standards of Care Committee (SOCC)

Dr Andrew Clark, Chair of SOCC, Consultant in Paediatric Allergy, Addenbrooke's Hospital, Cambridge

The Standards of Care Committee (SOCC) began 2013 with some wonderful news - that the National Institute of Clinical Excellence (NICE) has awarded our guideline writing process with accreditation. This is a major achievement that was initiated by the previous chair Dr Shuaib Nasser and Research Officer Dr Pia Huber.

To achieve accreditation, we were assessed against criteria in six domains and had to demonstrate rigorous guidance development processes - for example clear use of language, inclusive stakeholder involvement and processes for external peer review. Not all organisations are accredited at the first attempt, and it is a credit to the robust SOCC processes already instituted by Dr Nasser and Dr Huber that we achieved this award first time.

The benefits are significant, it has been extremely useful to undergo external scrutiny of our processes, and although successful it has identified areas where we can make further improvements. We can now display the accreditation logo on all our future guidelines (including retrospective guidelines produced within the last three years), confirming our status as a trusted source of high quality guidance. Most importantly though it means we can contribute to NICE quality standards, which will have wide-ranging effects from developing national audit standards to facilitating the commissioning of allergy services.

Another important announcement is the appointment of Dr MT Krishna as SOCC lead for the BSACI’s national audits. As we develop an increased emphasis on guideline implementation, the use of robust audit tools becomes more important. Dr Krishna is developing a manual and toolkit to standardise future BSACI national audits, which will be showcased at this year’s annual meeting in Telford.

The milk allergy guideline draft is currently on the BSACI website for consultation. Dr. David Luyt from Leicester Royal Infirmary was co-opted onto the committee to develop this guideline. I encourage all BSACI members to read this new guideline and leave comments. Guidelines for the prescription of adrenaline auto-injectors, for beta-lactam allergy and for peanut/nut allergy are at an advanced state of preparation and will be presented at the SOCC update session during the 2013 Annual Meeting.

National Allergy Strategy Group (NASG)

Mandy East, National Allergy Strategy Group (NASG) Parliamentary Officer

On March 4th the All Party Parliamentary Group for Allergy, in conjunction with the National Allergy Strategy Group (NASG) held a meeting at the House of Commons to highlight the fact that 2013 is a decade on from the original RCP report “Allergy: the unmet need” and to look at the lessons learnt from the NW allergy network project. Also attending were around 65 allergy patients, clinicians, MPs and other interested parties. Chaired by Jon Cruddas MP the meeting heard from Dr Pam Ewan, chair of the NASG who reinforced the point that NHS services are completely inadequate to deal with the UK’s allergy epidemic and Roy Dudley-Southern, NW specialist commissioner who outlined the lessons we should learn from the project to grow allergy services in the NW. Additionally we heard from patients who had struggled to access care either for their own allergy or for their child’s including one father who was able to tell the meeting how improvements in the NW had led to his son receiving a much better level of care for his multiple allergies.

A full report of the meeting will be available shortly including details on how patients and clinicians can help with a national lobbying campaign due to launch in early summer. For a copy of the report or for updates on the work of the NASG email Mandy East mandy@nasguk.org visit www.nasguk.org or follow us on Twitter@AllergyCampaign
Hello everyone, I don’t know if it’s just me but I have my fingers crossed for a great summer, I think we all deserve one this year! The Nurses Committee have had a busy winter, as with us all we have had to deal with a winter crisis, full clinics and also the issue with trying to keep our jobs. Many areas have undergone Specialist Nurse Reviews and in many areas this process is still in progress. With all this happening we still have to maintain services, develop and take things forward.

To help with this we have produced 2 further SOPS: ‘How to use a nasal spray’ and ‘How to use auto injector pens’. These are currently being reviewed by the Standard of Care Committee and as soon as any minor changes are agreed these will be on the website for you to use.

On the back of the SOP’s that we have produced the next step is to create competencies to ensure that these standards are being met. If anyone has any SOP’s or competencies you would like to share with the membership, please just get in touch.

It’s been a year for change for our patients using auto injector pens and Roisin has been working with Allergy UK and the BSACI on putting together a poster reminding patients’ to review their device techniques.

Don’t forget the BSACI conference this year in July! We will be holding 2 ‘drop in’ lunchtime sessions providing a number of practical workstations to refresh your skills (see www.bsacimeeting.org for details). We will have a stand where you will be able to come and see what we have been up to, pick up any SOP’s competencies and make suggestions for future activity or just use us as a meeting point to catch up with friends! It is becoming a bit of a tradition now to hold a nurses network meeting (evening tbc) where we can meet and chat with colleagues, which can be an invaluable way of building up contacts for your professional and personal development! Be great to see you!

We are looking forward to the BSACI Conference this year and the primary care day on the Tuesday 9th July, where we hope to see primary care workers join us to network and enjoy the programme of practical demonstrations and lectures. Please send us your abstracts, as we hope to do a poster tour on the day. We hope to film some webinars for our website to explain the nuances in allergy consultations, something that the guidelines can’t always cover!

This year I will be rotating from the Chair position, however we hope to bring in other colleagues from different primary care backgrounds to compliment the work that has been undertaken so far. I would like to thank the BSACI for their continuing support of the group, and as well as our small but dedicated committee for all their work within the group, and also for their representation with other stakeholders and guideline committees.

Commissioning strategy remains high on the agenda. High impact clinical leadership across boundaries will be central to this. The recent NASG meeting had recurrent themes of clarity needed for general allergy commissioning, training and education and lack of specialists and primary care workers with an interest in Allergy. Service models and planning of integrated models of care will be key. Networks will be a basis for this and hopefully the regional primary care days will foster closer working in regions.

Details of the current activity of the group can be found at www.bsaci.org/about/primary-care-group.

There will also be the first meeting of the newly formed EAACI primary care Interest group in Milan at the WAO EAACI conference on Sunday June 23rd, please come and join us, and share your thoughts with us, if you are at the Conference.
Dr David Freed was a man of Medicine, of Science and of God, possibly the epitome of the ideal healer of the ancient world. He will be remembered for many things by many people but it is possibly his patients who will hold him closest to their hearts. David Freed was always going to be a great doctor but it was a personal medical issue that revolutionised his approach to treating patients, vowing always to listen to them, rather than to follow test results or guidelines. Disenchanted with orthodox medicine, David Freed eventually set up his own clinic, catering to those with allergies, chemical sensitivity and arthritis. He was one of the first in this country to successfully treat his patients with serial dilutions of foods and chemicals to find the exact dilution that would treat the patient. He also utilised enzyme potentiated desensitisation for allergy and chemical sensitivities and very low dose injections of sodium salicylate in arthritis patients to chelate the minerals causing stiffening of the tissues. He was a true pioneer of ‘personalised medicine’ rather than the orthodox ‘one size fits all’ approach and for this he was routinely vilified but persevered with immense dignity, integrity and humility.

Scientifically, David Freed played a significant role in developing understanding of the problems that can be caused by lectins (substances in seeds, which bind to sugars in the body) and their possible involvement in many diseases from arthritis to auto-immune kidney disease. He also raised awareness of the high correlation between death and both milk consumption and the use of asthma drugs and highlighted the unreliability of cancer markers and particularly any association of food intake with cancer markers rather than disease outcome. His presentations of difficult and unusual cases were characterised by his insistent questioning and a determination to find the answer to ‘Why?’. Until stopped by his wife, would routinely experiment on himself and this intense curiosity about the workings of the human body led to one of his greatest contributions, the generation of ideas, for which he was much criticised by the orthodox medical profession. He worked tirelessly for the British Society of Ecological Medicine, organising scientific conferences and selflessly contributing his immense knowledge and experience for the benefit of other doctors and their patients. As well as being a warm and loving human being, he also had a great sense of humour, which enlivened many a meeting.

Dr David Freed’s thoughtful presence and wise guidance will be greatly missed by many. As is said in his Jewish tradition: He was truly a righteous man - may his memory be for a blessing.

Regional Primary Care Training Days

The 2012-13 round of Regional Primary Care Training Days already boasts our largest day yet with 180 delegates taking part in Belfast, Ireland. The day was hosted by Dr Lisa Devlin and covered a vast range of topics including various food allergies, urticaria, rhinitis, drug allergy. There have been 4 training days in this round so far with many more scheduled throughout the year and the evaluations continue to be positive. Another first for this round is that we have funded a day which focuses on GP trainees, which importantly makes allergy part of the GP training early on. Two further training days are coming up in London at Imperial College, as well as around the country including Ormskirk, Staffordshire and Leicester.

As you probably know we have removed the deadline, and are still accepting applications for the events up to August 2013. Successful applicants can receive a bursary of up to £2000 to hold a regional primary care training day. To download an application form visit the ‘Travel Fellowships and Bursaries’ page in the Member’s area or contact Serena Nazareth at primarycare@bsaci.org
EAACI 2013, we will be there!

This year, EAACI will be joining us for the first time at the BSACI 2013 Annual Meeting in Telford, and BSACI will once again be exhibiting at the EAACI Society Village, in Milan.

We would like to thank MEDA Pharmaceuticals Limited for supporting our visit to EAACI Meeting and for funding three BSACI members attendance. We look forward to seeing you there, so do drop by!

Fiona Rayner,
BSACI Chief Executive

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Congratulations to Helen Brough

Helen Brough has been appointed as a Paediatric Allergy Consultant at Guy's and St Thomas' Hospital (due to start in September 2013).

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Advertising opportunity

If you would like to advertise a job vacancy in Allergy Update or the BSACI website please contact Fiona@bsaci.org

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The BSACI Office

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Managing Editor: Clinical & Experimental Allergy. TBA

www.bsaci.org

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DIARY DATES

See www.bsaci.org for a comprehensive list of meetings, courses and workshops.

2013 Meetings

17-22 May 2013
American Thoracic Society Annual Meeting (ATS)
Philadelphia, USA
www.conference.thoracic.org/2013/

13-14 June 2013
BTS Summer Meeting
University Place Conference Centre, University of Manchester
www.brit-thoracic.org.uk/

22-26 June 2013
EAACI WAO 2013 Congress
Milan, Italy
www.eaaci-wao2013.com/

8-10 July 2013
BSACI 2013 Annual Meeting
Telford International Conference Centre, Telford, UK

17-19 October 2013
EAACI Focus meeting: Paediatric Allergy and Asthma Meeting 2013
Athens, Greece
www.eaaci-paam.org/

Allergy Academy Courses
BSACI Junior members and trainees go free! All other BSACI members are entitled to 20% discount.
www.Allergyacademy.org

A calendar of international allergy meetings can also be found on www.worldallergy.org/ and www.eaaci.net/
IT'S NO SQUIRT.

No one likes a squirt – hay fever patients prefer the gentle fine mist of Avamys over Flixonase®.

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(please refer to the full Summary of Product Characteristics before prescribing)
Avamys® Nasal Spray Suspension (fluticasone furoate 27.5 micrograms/min)

Uses: Treatment of symptoms of allergic rhinitis in adults and children aged 6 years and over. Dosage and Administration: For intranasal use only. Adults: Two sprays per nostril once daily (total daily dose, 55 micrograms). One symptom controlled, use maintenance dosage of one spray per nostril once daily (total daily dose, 55 micrograms). Reduce to lowest dose at which effective control of symptoms is maintained. Children aged 6 to 11 years: One spray per nostril once daily (total daily dose, 55 micrograms). If patient is not adequately responding, increase daily dose to 110 micrograms (two sprays per nostril, once daily) and reduce back to 55 micrograms daily dose once control is achieved. Contraindications: Hypersensitivity to active substance or excipients. Side Effects: Systemic effects of nasal corticosteroids may occur, particularly when prescribed at high doses for prolonged periods. These effects are much less likely to occur with oral corticosteroids and may vary in individual patients and between different corticosteroid preparations. Potential systemic effects may include Cushings syndrome. Cushings features, adrenal suppression, growth retardation in children and adolescents, cataracts, glaucoma and more rarely, a range of psychological or behavioral effects including psychomotor hyperactivity, sleep disorders, anxiety, depression or aggressiveness particularly in children. Very uncommon: Oedema was generally mild to moderate, with infections in adults and adolescents higher in longer-term use (more than 3 weeks). Common: Headache, nasal irritation. Uncommon: Tinnitus, nasal discomfort (including nasal burning, nasal irritation, and nasal oedema), nasal dryness, rare hypersensitivity reactions including angioedema, urticaria, rash, and urticaria. Not known: transient ocular changes, growth retardation. Precautions: Treatment with higher than recommended doses of nasal corticosteroids may result in clinically significant adverse suppression. Consider additional systemic corticosteroid cover during periods of stress or elective surgery. Caution when prescribing concurrently with other corticosteroids. A reduction in growth velocity has been observed in children treated with fluticasone furoate 110 micrograms daily for one year. Therefore, children should be monitored on the twice daily efficacious dose which delivers adequate systemic control in their height monitored. Consider referring to a paediatrician. May cause inhibition of the nasal mucus. Caution when treating patients with severe liver disease. Systemic exposure likely to be increased. Nasal and nasal-carotid corticosteroids may result in the development of glaucoma and/or cataracts. Close monitoring is warranted in patients with a history of visual changes or with a history of increased intracranial pressure, glaucoma and/or cataracts. Pregnancy and Lactation: No adequate data available. Recommended nasal corticosteroids are not recommended for use in pregnancy. It is unknown if Fluticasone furoate nasal spray is excreted into breast milk. Only use if the expected benefit to the mother outweighs the possible risks to the fetus or child. Drug Interactions: Caution is recommended when co-administering with inhibitors of the cytochrome P450 3A4 system, e.g. ketoconazole and itraconazole. Presentation and Basic NPS cost: Avamys Nasal Spray Suspension: 120 sprays. EMA Marketing Authorisation Number: ES/107426/003 Legal category: POM. PL number: Glosco Group Ltd. Greenford, Middlesex, UB6 9AN, United Kingdom. Last date of revision: August 2012.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellercard. Adverse events should also be reported to GlaxoSmithKline on 0800 221 441.

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www.avamys.co.uk