Education & training: Improving allergy care

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RELIEVE cows’ milk allergy symptoms\(^1\) with 97% efficacy\(^2\)

REDUCE incidence of atopic dermatitis up to five years\(^3\)

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Unique blend GOS/FOS oligosaccharides to help reduce long-term allergy risk\(^2\)

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Aptamil Pepti for the effective management of cows’ milk allergy, without compromise

References:

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Date of prep: April 2016 / AS9511
With hayfever season well under way and long summer days in front, I welcome you to another edition of Allergy Update. This edition continues with an educational feel. We read about the findings of the EAT study and potential future delivery systems for new treatment. Sheffield has been the highlighted allergy hotspot this month and we have a combined report from both adult and paediatric departments, showing well established teams as well as something that many of us aspire to having.

Stephen Till is encouraging us to make allergy an option for the next generation of medical students by offering a student selected component (SSC) in allergy as part of their choice in medical school, which allows the student to spend a lengthened period of time getting to know this topic. Since allergy is very much under represented in most undergraduate curriculum, this is a welcome strategy to highlight the benefits of a career in allergy.

Congratulations go to Graham Roberts on becoming the new editor of Clinical and Experimental Allergy, he tells us where we can find our electronic editions as the journal is only available on line. As part of the benefits of this, there are a number of options you can choose to improve your access and awareness of the content. Further, Allergy Adventures is a new method of helping children improve their knowledge of food allergy.

Thanks go out to the heads of all our committees for all their sterling work and their reports. Lastly we are all looking forward to the conference in a few months, and the tremendous program that has been put together.

All about education!

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

Contributions should be e-mailed to: inoimark@hotmail.com
President’s message

One of my aims when I took over as President was to expand allergy education in general practice. To this end BSACI have met with national providers of GP education that could potentially provide a platform to deliver online allergy training modules. We are currently in the early stages of the discussions and will keep members posted.

Another initiative that is under development is the BSACI Allergy ‘Research Hub’ which would fall under 5 broad themes: Asthma, Rhinitis, Dermatology, Food Allergy and Other related conditions. The hub would host all the allergy research projects that are taking place under those five broad themes, these will then be brought together and held centrally on the BSACI website. Dr Steve Till and Dr Mohammed Shamji along with Dr Maryam Shayeghi, (BSACI Clinical Guideline and Research Coordinator) are developing this and will be piloting this shortly before it goes live.

I’m pleased to report that BSACI has successfully secured funding for another year to support our members who wish to organise a training day for those working in primary care. Members can apply for a bursary of up to £3,500 to run a training day. This is an important initiative and could only continue with the support from our three funders (Mead Johnson Nutrition, Nutricia Ltd and Danone), we are therefore immensely grateful for their support.

BSACI Elections - enclosed in this copy is a council nomination paper, we will have three vacancies on the council come September. If you wish to stand for a place on the BSACI council and have ideas for the strategic direction of the society, then do complete and return the form, along with your proposer and a seconder.

The BSACI Annual Meeting is just over 3 months away, don’t forget to register before the early bird deadline on Monday 25th July to obtain the best rates for the meeting. If you have submitted an abstract to the 2016 BSACI Meeting and it has been accepted you can apply for a Travel Fellowship. Further details about this and many others aspects of 2016 Meeting can be found on www.bsacimeeting.org. You can also follow us on Twitter @BSACI_Allergy.

Finally many congratulations to Professor Tony Frew on being chosen for this year’s William Frankland award winner, Professor Angela Simpson who has been chosen to give the prestigious Jack Pepys Lecture and Professor Gideon Lack who will deliver the 2nd Harry Morrow Brown Memorial Lecture. These lectures will take place at the annual meeting in the session on ‘Celebrating Excellence in Allergy Care and Research’. I hope to see many members there.

Travel Fellowships

BSACI are very lucky in that with the help of our corporate partners (MEDA Pharmaceuticals Ltd, Diagenics Ltd and Mead Johnson Nutrition), we are able to consider applications from those whose abstract has been accepted at a BSACI Meeting.

In the last two years BSACI have awarded 103 travel fellowships to those attending the BSACI Meeting, therefore I would strongly encourage anyone in need of support, to apply. The deadline for this year is 9am on Monday 11th July.

When applying for a Travel Fellowship the number of nights you stay is taken into consideration. Therefore if you plan to stay for one night the maximum you could receive would be £250. If you are staying for two nights the amount considered could be increased by a further £100 and, if you planning to stay for the full three nights (and we hope you do) then the total amount that you would be considered for would be £450.

If your abstract has been accepted then you can apply for a BSACI Travel Fellowship, by sending a covering letter. In the letter please state the number of nights you are staying at Telford along with confirmation of your accepted abstract and a supporting letter from your head of department. Please email these to ebba@bsaci.org no later than 9am on Monday July 11th.

Fiona Rayner, BSACI Chief Executive
Student Selected Component (SSC)

From an educational perspective, one of the simplest but most satisfying experiences of the last 12 months has been the setting up of a study module (or ‘Student Selected Component’ in medical school speak) for first-year clinical MB BS students at King’s College London.

Many of us would like students to have some or more exposure to allergy teaching in the medical curriculum. On the other hand, allergy clinics represent a rich learning opportunity, but are generally not included in medical school rotations, including at Guy’s and St Thomas’ Hospital. First year clinical students at King’s College have the opportunity to select a single term module for study, including in non-medical related subjects. Typically, students devote half a day per week to the module, which must include various forms of assessment. 18 months ago our proposal for a module in Adult Allergy was approved by the faculty (see box).

The module is clinically ‘hands on’ so numbers are limited to 3 new students each term for the first year and it has been well oversubscribed. Feedback has been strongly positive, both from students and Allergy Clinic staff.

I have been pleasantly surprised by the obvious enthusiasm of all students to attend more than the minimum specified clinics, and also to seek out opportunities to attend other learning opportunities (e.g. challenges, immunotherapy clinics) on non-timetabled days.

My impression is that a whole term attachment with active participation in the clinics has given the students the confidence to engage and to form a rapport with the clinic staff which has stimulated their interest and learning.

Several students have returned to pursue allergy-related additional projects and at least one is currently planning an elective in an Allergy department elsewhere. As one of the students fed back: “I thought the Allergy SSC was the best SSC I have completed during medical school as it was highly clinical and relevant to many branches of medicine. The SSC allowed us to better understand and explore a specialty hardly covered in the medical curriculum, yet it is highly important and interesting. The knowledge we acquired during the SSC has furthered my personal interest in allergy and has been useful in other clinical attachments”.

I would strongly encourage colleagues to consider doing similar if the opportunity exists. I can promise you a rewarding experience. Whilst the numbers may be relatively small, there is an opportunity to seed allergy-related skills and awareness of our specialty at the start of a long career. If you are interested in setting up something similar please feel free to email me (stephen.till@kcl.ac.uk).

Dr Stephen Till, Consultant Allergist, King’s College London

Objective
The aim of this module is to provide an introduction to clinical allergy in adults and to provide practical knowledge and experience that will be of value to your future clinical practice.

Learning Outcomes
By the end of this, you should be:
1. Familiar with the main presentations of IgE-mediated allergic disease
2. Familiar with the basic immune mechanisms of allergy
3. Familiar with concept and management of anaphylaxis
4. Able to administer an adrenaline auto-injector (e.g. EpiPen) and teach others to do the same
5. Able to perform and interpret skin prick tests with allergens
6. Able to perform and interpret basic spirometry.

Plan
During this module, you will be embedded in the clinical service. You will:
1. Sit in on Allergy/Asthma clinics (minimum 8) to gain first hand experience of clinical allergy.
2. Take and present histories from a minimum of 4 patients.
3. Spend time with the specialist Allergy nursing team, receiving training in adrenaline auto-injector use, skin prick testing and performing spirometry. You will implement these skills with patients attending the clinic.
4. Receive a minimum of 5 mini-tutorials from Allergy consultants/registrars.

Assessment
Assessment will be based on the following:
1. Attendance, professionalism and completion of clinical activities, as evidenced by completion of a logbook (40%)
2. Two written case reports (1500 words each) of patients interviewed by the student in clinic, together with a short discourse reviewing the relevant disease (30% each).
Dymista® Nasal Spray, suspension. Prescribing Information.

Presentation: Nasal spray suspension. Each gram of suspension contains 1000 micrograms of azelastine hydrochloride and 365 micrograms of fluticasone propionate.

Indications: Relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis if treatment with intranasal antihistamine or glucocorticoid alone is not considered sufficient.

Dosage and administration: Adults and adolescents (12 years and older): One actuation into each nostril twice daily. Children below 12 years: not recommended as safety and efficacy has not been established in this age group.

Contra-indications: Hypersensitivity to azelastine hydrochloride or fluticasone propionate or any of the other ingredients in this medicine.

Warnings and precautions: Avoid concomitant use with ritonavir. Systemic effects of nasal corticosteroids may occur. Systemic exposure in severe liver disease may be increased. Dymista® may result in clinically significant adrenal suppression. Monitor patients who experience changes in vision or have a history of ocular pressure, glaucoma and/or cataract. If adrenal function is impaired, take care when changing medication to Dymista®. In patients with infections, recent surgery or injury to nose or mouth, weigh benefits against risks of use. Contains benzalkonium hydrochloride. Experience of use in pregnancy and lactation is limited. Dymista® should only be used if the potential benefit justifies the potential risk. Dymista® has minor influence on ability to drive and use machines.

Undesirable Effects: Epistaxis, headache, dysgeusia, unpleasant smell, hypersensitivity reactions including anaphylactic reactions, angioedema, bronchospasm, glaucoma, increased intraocular pressure, cataract, septal perforation, growth retardation may be possible in adolescents receiving prolonged treatment and growth should be monitored regularly. Consult the Summary of Product Characteristics for other side effects.

Package Quantities and Basic Price (UK): £14.80 for 23g bottle. Each spray (0.14 g) contains 137 mcg of azelastine hydrochloride and 50 mcg of fluticasone propionate.


References:
2. Dymista® Summary of Product Characteristics. UK/DYM/16/0001c Date of preparation: January 2016

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Meda Pharmaceuticals Ltd.

A next step in nasal and ocular symptom control

For moderate/severe seasonal and perennial allergic rhinitis

Dymista® Nasal Spray, suspension. Prescribing Information. Presentation: Nasal spray suspension. Each gram of suspension contains 1000 micrograms of azelastine hydrochloride and 365 micrograms of fluticasone propionate. Indications: Relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis if treatment with intranasal antihistamine or glucocorticoid alone is not considered sufficient. Dosage and administration: Adults and adolescents (12 years and older): One actuation into each nostril twice daily. Children below 12 years: not recommended as safety and efficacy has not been established in this age group. Contra-indications: Hypersensitivity to azelastine hydrochloride or fluticasone propionate or any of the other ingredients in this medicine. Warnings and precautions: Avoid concomitant use with ritonavir. Systemic effects of nasal corticosteroids may occur. Systemic exposure in severe liver disease may be increased. Dymista® may result in clinically significant adrenal suppression. Monitor patients who experience changes in vision or have a history of ocular pressure, glaucoma and/or cataract. If adrenal function is impaired, take care when changing medication to Dymista®. In patients with infections, recent surgery or injury to nose or mouth, weigh benefits against risks of use. Contains benzalkonium hydrochloride. Experience of use in pregnancy and lactation is limited. Dymista® should only be used if the potential benefit justifies the potential risk. Dymista® has minor influence on ability to drive and use machines.

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Two recent “must reads”

**Randomized Trial of Introduction of Allergenic Foods in Breast-Fed Infants**

The EAT study investigated whether early introduction of foods from the age of 3 months can prevent future allergy development. The authors divided breast-fed babies in the early introduction group (EIG) where 6 allergenic foods (cow’s milk, cooked egg, peanut, whitefish, sesame and wheat) were introduced from age of 3 months with a specific order (cow’s milk first, then randomly fish, cooked egg, peanut, sesame and finally after the age of 4 months wheat), and in the late introduction group (LIG) where foods were introduced from 6 months. Children were followed for food allergy. The study showed no difference in food allergy development between the two groups, when all the participants who were initially randomized were included in the statistical analysis. However, when only children who strictly adhered to the study protocol were included in analysis, there was a 67% lower risk in developing food allergy in the EIG, in particular, in peanut and egg allergy (2.2% vs 0% and 5.5% vs 1.4% respectively) compared to the LIG. The authors suggested that there is a potential of food allergy prevention with early introduction of food, but is dose-dependent.

**Biodegradable antigen-associated PLG nanoparticles tolerize Th2-mediated allergic airway inflammation pre- and postsensitization**

The second paper refers to the future potential for cure of food and respiratory allergies. Antigen carried by biodegradable nanoparticles was administered to sensitised/allergic mice. Nanoparticles are colloidal particles which encapsulate the antigen inside a polymeric matrix. The administration of the antigen-nanoparticle complex resulted in inhibition of Th2 responses and airway inflammation. Three different nanoparticles were tried with poly(lactide-coglycolide) encapsulated antigen (PLG(Ag)), being the best tolerated and more effective nanoparticle. The future challenge is to extrapolate similar results to humans. If this happens, then nanoparticles could be loaded with different allergens and offer (if not cure) a better quality of life for people suffering from allergy.

Konstantinos Kakleas
SpR in Paediatric Allergy, Imperial College Healthcare NHS Trust

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**Missing your paper edition of Clinical & Experimental Allergy??**

The last 6 months have seen major changes for our Journal - a change to online only and an entirely new editorial team. The transition has gone very smoothly. We are keen to ensure that everyone has easy access to Clinical and Experimental Allergy. You can receive updates via email - monthly contents page plus the option to have alerts for new papers. To set this up, you just need to visit the journal home page (put Clinical and Experimental Allergy into your favourite search engine) and hit the “get new contents alert” icon (top left). You can access all the contents of the journal via the BSACI website, once you have logged on. We are planning a readers’ survey early in the Autumn and would welcome everyone’s feedback and suggestions for improving our Journal.
Accreditation scheme launched

The IQAS (Improving Quality in Allergy Services) accreditation scheme has now launched and is accompanied by the QPIDS (Quality in Primary Immunodeficiency Services) accreditation scheme, which transferred from UK Primary Immunodeficiency Network (UKPIN). Both schemes are hosted by the Royal College of Physicians and accredit adult allergy and primary immunodeficiency services respectively.

The schemes are open for registration, and at time of writing 19 services have registered for IQAS and 23 for QPIDS. The schemes have dedicated webtools which support services in preparing for accreditation by enabling them to perform an initial self-assessment against the standards, identify areas of strength and address areas of weakness. Services then upload evidence to the webtool, after which an assessment team is agreed and reviews the evidence remotely.

Following the remote assessment, services undergo a site assessment. If the assessment team finds the standards to be met then the service is accredited, otherwise it is provided with a comprehensive report containing suggestions for improvement and is given up to six months to provide evidence of this. Once accredited, services complete an annual renewal assessment to confirm their continued compliance to the standards and undergo a full reassessment every five years.

The schemes offer a number of benefits to clinical services, and focus on improving the quality of care provided. This is achieved by the recognition and sharing of good practice and the improvement of sub-optimal practice, and the standardisation of care between services. In addition, the involvement of patients in service management and the importance of a culture of continuous quality improvement are emphasised.

Services are now able to undergo assessment and the first accredited service will be an exciting achievement for each specialty. Important developments to the schemes include the introduction of a knowledge management system, which will allow the sharing of best practice from accredited services as well as guidance and templates developed by the schemes, and the introduction of lay assessors to the assessment team.

Services are encouraged to register for the schemes as soon as possible, and we look forward to announcing the first accredited services soon. For more information on the schemes please see www.iqas.org.uk and www.qpids.org.uk, or email accreditation@rcplondon.ac.uk.

Dr Tim Shaw
Programme Manager for IQAS and QPIDS, Royal College of Physicians

Late Breaking Abstract Submission

The late breaking abstract submission opened on 1st June and will close on Monday 4th July.

Details of how to apply for a Travel Fellowship will be sent out to those whose abstracts have been accepted. The BSACI Annual Meeting Travel Fellowship scheme is open to both members and non-members, so please do encourage your colleagues to apply.

Further details regarding the scheme can be found on www.bsacimeeting.org

Fiona Rayner, BSACI Chief Executive
Allergy Services at Sheffield Teaching Hospitals

Adult allergy services
The service was established in 1997 with a single consultant, since then we have grown to provide Adult allergy services for Sheffield and surrounding areas (Barnsley, Rotherham, Doncaster, Chesterfield). We have a dedicated day case and outpatient area specifically for the assessment and treatment of patients with allergies and immune deficiencies. Staff offices are adjoining and the unit is located close to the Immunology laboratory, which provides state of the art allergy testing including component resolved diagnostics, bespoke basophil activation testing and ISAC chip technology.

The team includes consultants, GP Clinical Assistants, doctors in training (both specialty and F2), specialist nurses, staff nurses, clinical scientists and a dietician. We run allergy clinics Tuesday to Friday (medical, dietetic and nurse led) in which we assess patients with general and specialised allergic conditions including food allergy, allergic rhinitis and conjunctivitis, urticarial and angioedema, anaphylaxis, drug allergy and hymenoptera venom allergy.

We provide a service for desensitisation to inhaled allergens and hymenoptera venom and hold regular allergen challenge clinics, including both food and drugs. We are able to perform graded exercise/food challenges in conjunction with the cardiology department. We are also closely aligned with international External Quality Assessment in Allergy through the UK NEQAS Immunology, Immunochemistry and Allergy Schemes run by one of our consultants. We regularly contribute to their educational and training resources as well as hosting BSACI and ACP national training days for Allergy and Immunology trainees, NECIAG and TRIAC meetings for scientists, nurses, trainees and medics.

We are active in research, both in diagnostics, treatments and personalised medicine in PID and Allergy, including Hereditary Angioedema and we were one of the first services to provide and promote self-administration of C1 inhibitor for acute attacks and prophylaxis for severe cases.

We support our GP colleagues in providing better patient management and education through our 2 GP clinical assistants and the CCGs.

Finally, having been one of the first cohorts of fully accredited PID centres for the last 7 years, we are embarking on obtaining allergy accreditation via IQAS.

Children's allergy services
The service has expanded significantly in recent years with 5 consultants (Dr Fiona Shackley, Dr Nicola Jay, Dr Catherine Waruiru, Dr Caroline Kerrison & Dr Sibel Sonmez-Ajtai) 5 nurses (Alyson Barber, Anita Critchlow, Hazel Stringer, Lynsey Perkins & Lauren Gallagher) and 2 dietitians (Rachel Blyton & Siobhan Morgan). Our day care unit is used for challenges to food and drugs along with initiation of immunotherapy and a respiratory physiology laboratory for bronchoprovocation and latex challenges along with precipitating exercise induced allergies. Plans for the future include expanding our research offering GRID in paediatric allergy and collaborating with other teams across the country.

Paediatric Allergy Team
For the 6-8% of children across the country managing food allergies, life can feel pretty difficult. It’s very easy for them to feel excluded or different, embarrassed and scared, which can have a dramatic impact emotionally while growing up.

Allergy Adventures was established from witnessing this first hand with my own niece.

With my deeper understanding of social exclusion living with coeliac disease myself, I put my creative background to work to help children navigate the trickier aspects of managing an allergy.

Allergy Adventures was set up to build children’s understanding of food allergy using positive messages and an exciting approach. From there, Allergy Adventures has since grown into a website, YouTube channel with easy recipes free from the top common allergens, live events, school workshop funded by the Wellcome Trust, and now in hospitals to help children during their skin prick test appointments.

**Working with hospitals**

The Allergy Adventures Passport Pack helps to ease children’s anxiety during their visits to an allergy clinic. Children get their brightly coloured passport ‘stamped’ on completing the different stages of their appointment. Children receive a reward certificate on completion.

The Passports are already in use at hospitals across the country, including St Thomas’ Hospital, The Royal Free, Derby Children’s Hospital, Colchester and recently launched in Leeds. Consultant Paediatric Allergist Dr George du Toit was part of the team who introduced them at St Thomas’ hospital and felt they were “desperately needed”.

**Working with schools**

At least one child in every classroom in the UK is affected by food allergy and 20% of allergic reactions occur at school. From winning support from the Wellcome Trust, Allergy Adventures school workshop was developed, working with Consultant Paediatric Allergist Dr Adam Fox, and the team at St Thomas’, Health Psychologist Dr Rebecca Knibb, and Anaphylaxis Campaign. The workshop comprises short educational videos, lesson plans, classroom activities and fun worksheets for children aged 5-11. Education on allergies from an early age will not only help keep children safe but ‘normalise’ them as they are growing up.

Parents have found the workshops hugely beneficial and feel that every school needs this workshop”.

If you’d like to find out more about our Allergy Adventures’ Passport Packs, the school workshop or upcoming events, please visit allergyadventures.com

Ms Hailey Phillips (allergy sufferer)
bsaci
improving allergy care
through education, training and research

Annual Meeting
29 September – 1 October 2016
Telford International Centre UK

The British Society for Allergy and Clinical Immunology

For further information regarding the programme, registration and ongoing updates please visit: www.bsacimeeting.org

#BSACI
We are looking forward to welcoming you to this year’s Annual Meeting from Thursday 29th of September to Saturday 1st of October at the International Centre in Telford. We have a stimulating 3-day programme with top notch speakers from the UK and abroad, culminating in Professors Wesley Burkes and Gideon Lack discussing oral desensitisation and tolerance induction in food allergy.

We start with a flourish, with Professor Steve Durham presenting the results of his 4 year study of sublingual and subcutaneous immunotherapy during the Presidential Plenary session focusing on advances in aeroallergen immunotherapy. Following this, we have Dr Oude Elberink (Netherlands) outlining her best practice for managing venom immunotherapy, whilst the Joint BSPGHAN session featuring Dr Glenn Furuta (USA) and Dr Ralf Heine (Australia) will tackle developments in eosinophilic gut disease, with Professor David Sanders explaining the latest thinking about responses to wheat. Professor Thomas Diepgen (Germany) and Professor Raymond Agius will address the challenges of occupational dermatoses in the joint BSCA session. Later topics will include component resolved diagnosis (with EAACI contributing Dr Barbara Ballmer-Weber and Professor Marek Jutel), and
anaesthetic allergy, with Dr Lene Garvey from Denmark presenting common and hidden allergens in General Anaesthetic anaphylaxis. Other scientific highlights include an excellent session on innate and acquired immunity in allergy, featuring both Professor Graham Ogg and Professor Clare Lloyd; a session on angioedema and unusual urticaria, featuring Professor Clive Grattan, Dr Hilary Longhurst and Dr Laurence Bouillet (France); and Aerobiology for the practicing Allergist, covering what you need to know about moulds, pollens and plant dermatoses.

The Allied Health/Primary Care stream presents some of the most challenging, innovative and interactive elements of the 2016 programme. It kicks off with the challenges of rapid drug allergy assessment clinics and interactive sessions covering food labelling, travelling with allergy and the ‘Nuts in Schools’ Pro-Con Debate. Key hot topic questions will include ‘how should we manage the effective and safe early introduction of peanut amongst infants?’ and ‘What should we do to tackle false beliefs about allergies?’ Dr Christina Jones will examine high risk health related behaviours amongst young people. There are chances to attend a series of practical workshops, covering adrenaline auto injector devices, topical treatments for eczema, skin prick testing and inhaler/nasal device administration.

Our ‘Meet the Expert’ sessions will cover ‘How To Establish an Allergy Clinic’ and the benefits of joint ENT/Allergist rhinology clinics. Dr Susan Leech will enlighten us with her interactive session on the commissioning of adult and paediatric allergy services.

Sharing new ideas and networking is central to our 2016 meeting. The unopposed poster session gives a chance for all health care professionals, scientists and researchers to showcase their latest work and win a Barry Kay award. Delegates will have the chance to survey the very latest work and leading themes being explored in allergy, facilitating collaboration and providing an opportunity to catch up with old friends.

This year we will again return to Casino Royale with live entertainment for our Welcome Reception, so bring your more glamorous doppelganger and enjoy the high life! The President’s dinner will be held in the fantastic surroundings of the aircraft hangar at RAF Cosford. If you missed it last year, this is an amazing venue, with dinner beneath the wings of historic aircraft, and, better still, the incomparable Professor Chris Corrigan performing the role of auctioneer at our fundraising event. And we finish with a bang, including the myths and hopes of microbiome studies, epigenetics and our Year in Review, featuring no less than Professor Tom Platts-Mills, Professor Wesley Burkes and Professor Gideon Lack - you won’t even think about sneaking home early!
**Jack Pepys Lecturer**

Professor Gideon Lack has been chosen to deliver the 2016 lectureship that honors Dr Harry Morrow Brown who pioneered the use of inhaled steroids in the 1970s, leading to the development of beclomethasone (Becotide).

Professor Gideon Lack is Professor of Paediatric Allergy at King’s College London and Head of the Clinical Academic Paediatric Allergy Department at Guy’s & St. Thomas’ NHS Foundation Trust, London.

His research has focused on peanut allergy and new strategies to prevent peanut and other food allergies through oral tolerance induction. Related to that he is researching strategies to prevent the development of eczema, asthma, and hay fever in children and adults.

His clinical expertise focuses particularly on the diagnosis and management of peanut and other food allergies as well as allergic asthma, anaphylaxis, desensitising vaccines to hay fever and other allergies.

**William Frankland Award**

Professor Tony Frew has been chosen by the membership to receive the 2016 William Frankland Award for his outstanding contribution to clinical allergy in the UK. Tony is the Professor of Allergy & Respiratory Medicine at Brighton General Hospital.

His research interests include clinical trials of immunotherapy and anti-asthma drugs; health effects of air pollution; and practical aspects of developing allergy services in primary care and has authored over 200 papers in the peer-reviewed literature. He has served for many years on executive committees of the European Academy of Allergology and Clinical Immunology.

As president of BSACI from 2012-15 he oversaw the expansion of the society and its Annual Meeting. As vice-chair of the Joint Committee for Immunology & Allergy he worked to support the implementation of the national quality assurance scheme for allergy services (IQAS); and takes over as JCIA chair in July 2016. Together with Professor AJ Wardlaw, he was successful in securing the 2010 EAACI meeting in London, which resulted in the largest EAACI meeting ever to take place in a European city.

**Harry Morrow Brown Memorial Lecture**

Professor Gideon Lack has been chosen to deliver the 2016 lectureship that honors Dr Harry Morrow Brown who pioneered the use of inhaled steroids in the 1970s, leading to the development of beclomethasone (Becotide).

Professor Gideon Lack is Professor of Paediatric Allergy at King’s College London and Head of the Clinical Academic Paediatric Allergy Department at Guy’s & St. Thomas’ NHS Foundation Trust, London.

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His clinical expertise focuses particularly on the diagnosis and management of peanut and other food allergies as well as allergic asthma, anaphylaxis, desensitising vaccines to hay fever and other allergies.
Free from gluten, milk, egg, nuts, peanuts, fish, crustaceans, lupin, molluscs, sesame, sulphites and celery.

Not free from flavour.

The new Free From range does away with major food allergens, not flavour. Carefully prepared for patients with single to multiple allergies, these tasty meals are free from 12 of the key allergens as listed in the Food Information for Consumers Regulations. Providing more choice and less worry in one simple solution.

Arrange a free tasting today and discover how our Free From range can help your patients.

To order a FREE brochure or to arrange a tasting call
0800 066 3549
wiltshirefarmfoods.com
The FASG is now the 4th biggest specialist group of the British Dietetic Association (BDA) and has been growing every year where other specialist groups are static or reducing in their numbers.

**National Diet Sheets**
We write, peer review and share all our evidence-based diet sheets with all dietitians who are members of the British Dietetic Association.

We also have fact sheets on:
- Calcium / information sources
- Milk Allergy / information sources
- Eating without wheat / information sources
- Egg Allergy / information sources
- Suitable milks for children with cow’s milk allergy / information sources.

We continue to run the BDA cow’s milk allergy study days:
We have recently updated the course pack and the next one will take place in June 2016 in Birmingham. They are running well in areas of the UK where there is demand and if any dietitians/allergists would like to get in touch to find out how to run one in their area, please contact: c.mcgibbon@bda.uk.com

In January Dr Isabel Skypala ran the inaugural meeting of the adult branch of the FASG for those with a particular interest in adult food allergy. This was very well attended with very positive evaluations.

Our FASG annual study day will be on 22nd July this year. Contact Ruth Chalmers for details on ruth.chalmers@gstt.nhs.uk

We have a strong and loyal committee who work together under the Chair Dr Rosan Meyer.

Dietitians wishing to become a member of FASG should contact miriam.tarkin@nhs.net

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**Clinical Immunology Committee Update**

The Chair of the BSACI Clinical Immunology committee has been invited to attend the British Society of Immunology (BSI) Clinical Committee meetings.

This is a reciprocal arrangement with the BSI Clinical Committee Chair attending the BSACI

Clinical Immunology committee. Discussions are ongoing with the BSI Clinical Committee about possible future joint BSACI/BSI sessions which potentially could be held during the Annual Meetings of both societies.

Two consultant immunologists, Dr Kiani and Dr Grigoriadou, have been invited to attend the BSACI programme planning meeting to be held in July 2016.

The IQAS scheme has been launched, and an initial training day has been held. The Clinical Immunology committee would again like to lend its support to this scheme. We would strongly encourage all eligible Allergy and Immunology clinical services to register for the IQAS scheme.

There was Allergy and Immunology consultant and trainee representation at the Royal College of Physicians Careers Day which was held on 27th February 2016, including the BSACI President, Dr Shuaib Nasser.

As in previous years, several junior doctors and medical students expressed interest in the specialties. BSACI presence at the Careers Day is particularly important as medical students and junior doctors are unlikely to have sufficient exposure to the specialties either at medical school or during early junior doctor training years.
Allergy update

The Standards of Care Committee has an exciting year ahead, with three guidelines due to be published in 2016. The adrenaline autoinjector guideline is under review by Clinical and Experimental Allergy, and we expect this will be the first to be published.

SOCC's guidelines are highly regarded, and are used in practice by allergists around the world. This is due in part to the high quality of the writing teams and rigorous SOCC review, but also to the fact that we encourage the BSACI membership to comment on our guidelines before publication. This is a vital part of our review process and we encourage you to take part in this.

Two guidelines have been posted for BSACI membership consultation: Nut allergy and Rhinitis. We anticipate these guidelines will be submitted for publication in Clinical and Experimental Allergy some time this summer.

Please take the time to read and comment on these and all guidelines as this is your chance to be heard. As well as a review of epidemiology, natural history and treatment options, the nut allergy guideline contains diagnostic algorithms for peanut and tree nut allergy, and makes recommendations regarding the use of component resolved diagnostics. Advice on how to counsel patients on selecting product advisory labelled foods, and avoidance of single or multiple nut types is discussed. Peanut oral challenge protocols are provided, and their place in diagnosis is discussed.

The rhinitis guideline has been updated and expanded to include non-allergic rhinitis, diagnostic algorithms, immunotherapy and the place of new therapies such as combined topical corticosteroid and antihistamines. There is a separate section for rhinitis in children.

Guidelines in progress and under discussion at SOCC are local anaesthetics (Rubaiyat Haque), eczema (Dr Helen Brough), allergen avoidance and NSAIDS.

Our implementation policy continues to strengthen, having performed audits in cow’s milk allergy (accepted for publication), urticaria, rhinitis, adrenaline use and venom immunotherapy.

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 has an exciting year ahead, with three guidelines due to be published in 2016. The adrenaline autoinjector guideline is under review by Clinical and Experimental Allergy, and we expect this will be the first to be published.

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Junior Members Update

Dr Erika Harnik, Junior Members Representative, Paediatric SpR Great Ormond Street Hospital.

The excellent BSACI teaching program for allergy trainees has continued into this year, with days held at Guy’s Hospital and in Sheffield.

The day at Guy’s focused on urticaria, angioedema and mastocytosis, whilst the day at Sheffield explored in-vivo and in-vitro diagnostics in allergy.

The next training days will be on aeroallergen immunotherapy at the Royal Brompton Hospital in September and drug and vaccine allergy in Cambridge in November. Details of the training days are on the BSACI website - please contact Marie Gibbs at marie@bsaci.org to book your place. For those who are unable to make the training days, you can also contact Marie for copies of the presentations so that you can catch up on the topics covered.

As you know, the BSACI Annual Meeting will also be held in September in Telford. Don't forget that if you've been successful in submitting an abstract, you will be eligible to apply for the generous BSACI travel fellowship, which should cover most of your expenses in attending the meeting. If you've yet to submit an abstract, look for the late submission dates so that you too can take advantage of the travel fellowships.

The Adult and Paediatric Grand Rounds will be held on Day 2 (30 Sept) - please contact me at juniormembers@bsaci.org if you have any interesting cases you would like to present.

A trainee's meeting will also be held at 18.30 on Thursday 29th September where any issues or ideas for the future in allergy training can be discussed.
The Nurses in Allergy Committee are currently working on developing resources to assist with the IQAS evidence gathering requirement. This work comprises proposing standardised job descriptions and job specifications for each nursing band. These will be closely referenced with the Allergy Nurse Competences which are on the BSACI website.

We have a new position on our committee specifically for a nurse from Primary Care. If that is you, please do get in touch as we would love to hear from you!

If you are interested in joining us – please email us at bsacinurses@gmail.com with a brief synopsis of your involvement within allergy and your interest in joining the group. We have two further positions about to become vacant. These both have specific roles to be fulfilled. One of these is to manage our webpage, the day to day running of the BSACI Nurses email account and manage our nurse membership and the other is to take on the role of nurse representative for the planning of the annual BSACI conference. Again, please get in touch, if you are interested.

We have added two new SOPs to the website and are keen to hear from you about issues that we might be able to help you with. What would be of interest to you? We are thinking of looking at the development of standardised food challenge protocols, but please email us your suggestions!

Don't forget that our new webpage is now up and running via the BSACI website. You can find us at http://www.bsaci.org/professionals/nurses-specialising-in-allergies. You can also follow us on Twitter at @BSACInurses!

Our last 3 months:
Two new SOPs, available via the website:
• Skin prick testing the adult patient
• Sublingual immunotherapy
• Webpage up and running!

Coming soon:
• Subcutaneous immunotherapy
• Intradermal drug testing

In Progress:
IQAS resources for nurses
We need:
• Your suggestions!
• Are you interested in being our new Primary Care Nurse Representative? Please get in touch!

The Adult Allergy Group (AAG) is coming together although it is still early days in its existence. The AAG database has been updated with responses resulting from the two questionnaires that were sent by the BSACI to members and non-members. The most recent database has 150 clinicians, which include adult allergists, nurses and dieticians (and a few scientists) working in this field. The aim is to provide a forum for discussion of those with providing adult allergy care in the UK and bring into the fold of BSACI, those who are not current members.

A major goal is to connect with all providers of the allergy services across the UK and we hope to utilise the existing allergy networks for this purpose. Currently, there are 10 allergy networks and their leads are invited to be on the steering committee of the AAG. Dr Haque is to ensure that all allergy services are part of a network. Dr Till is coordinating the development of SOPs and protocols to avoid duplication of effort while acknowledging that there are likely to be Trust specific formats and content that each Centre will have to accommodate.

Dr Skypala is coordinating the adult dietician activities as well as recently organising a BSACI Adult Food Allergy Workshop. Dr Krishna is leading IQAS through RCP and around 20 centres have registered for the scheme.

Following agreement at the annual general meeting, all network leads were invited to be a member of the steering committee, which meets twice a year, with a general meeting held at the BSACI annual meeting venue. We had our first meeting in January 2016 and the next meeting took place on the 23rd May 2016. The annual general meeting will be held alongside BSACI annual meeting at Telford in September 2016 and all members are strongly encouraged to attend, as this is likely to be once a year opportunity for all of us to get together and discuss issues of importance.

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- Enables growth\textsuperscript{3,4}
- Optimal nutrient profile\textsuperscript{5,6}
- Superior palatability\textsuperscript{7}

I recently took over from Susan Leech as chair of the Paediatric group and am extremely grateful for all the excellent work she has led over the past few years. I am delighted that Sue will remain part of the group as the outgoing chair.

These are interesting times in our speciality and as the external environment changes, it remains important that we keep a close eye on how these developments may impact us. Many of you will be aware of the significant changes occurring around specialist commissioning and as I write this, NHSE has just released its revised plans to reorganise the Clinical Reference Groups.

The primary care committee continues to be involved both in projects led by BSACI and outside of this to promote the need for improved awareness and education of allergic diseases. The most prominent developments include more engagement with The Royal College of General Practitioners (RCGP). Three initial modules on the diagnosis of allergy (mainly around IgE testing) are being developed, which will be freely accessible to all in primary care, not just RCGP members. Following an initial allergy presentation at a GP Essentials Update (one day courses run by RCGP), suggestions have been made for other presentations. We hope for at least a half day of allergy at a future meeting.

At recent discussions with representatives from PULSE and Doctors.net.uk, we explored working with them to develop more on line allergy training for GPs.

Thanks to those involved in developing the NICE quality standards on food allergy and anaphylaxis and for their work on related projects, including the development of a learning module and articles in various journals to increase awareness. These will form a good basis for CCGs to look at quality of care within their local areas. If projects are taking place within your area based on implementation of these or other aspects of allergy, please let Marie know as sharing these on the website would be a great resource.

Keep up the good work everyone.

The role of the Clinical Reference Groups (CRGs) is to provide specialty-specific clinical advice and leadership for Specialised Commissioning. CRGs lead the development of clinical commissioning policy, service specifications and quality dashboards; advise on service reviews; conduct horizon scanning and make recommendations on innovation; identify and explore opportunities to reduce clinical variation in healthcare and deliver value; and provide specialty-specific clinical advice where required.

Paediatric Allergy had been represented in the Paediatric Medicine CRG, which its own dedicated seat, along with numerous other paediatric sub-specialities for the past few years and the main output of this was the Service Specification which defined what constitutes specialist allergy work, rather than non-specialist. This will eventually influence the tariff available for that work.

In the recent review, the CRG membership is being reduced from 14 to 8 members and so it remains to be seen if we will still be represented. If not, we will need to develop an effective strategy to maintain our representation and influence with this group.

Our committee continues to do useful work and recently welcomed Dr Nick Makwana as our secondary care representative. We have developed a process to ensure we can more actively involve ourselves in advocacy for the speciality - responding to press coverage or other media reporting around paediatric allergy.

For example, we were able to make representations to the World Health Organization as they prepared to review their guidance on maternal, infant and young child nutrition which may fundamentally affect the way that we are able to interact with manufacturers on prescription infant formulas.

The committee is actively looking at a number of other potential projects to develop so if you think there is an area where the BSACI may be able to offer you some support, please do let me know.
In December 2015 the NASG held a Parliamentary reception in the Terrace Pavilion of the House of Commons co-hosted by the All Party Group for Allergy.

The event consisted of a reception with light canapés with the aim of thanking all our longstanding supporters and to offer a warm welcome to new MPs and Peers following last year’s general election.

The reception was hosted by the new chair of the All Party Group, Stephen McPartland, MP (Conservative Stevenage) and also attended by our previous chair Jon Cruddas, MP (Labour Dagenham) who is still very much involved in the campaign.

Both MPs gave engaging speeches outlining the past history of the All Party Group and explaining how to get your MP to work for you. Stephen McPartland also commented on the current state of NHS allergy services and backed the NASG campaign to improve education in primary care and to grow allergy as a specialty. Those attending also heard from Alison Berthelsen, a parent of an allergic teenager and long standing supporter of the work of the NASG. Alison gave a very helpful talk on the importance of engaging your MP and how approaching them can make a difference to our work. She gave some insight into life with her allergic teenage son, Harrison, who also attended the event along with his father and younger siblings.

This reception was the most successful run by the NASG in terms of attendance by MPs and Peers with over 35 coming to meet either their constituents or members of the NASG core group. The NASG produced a key messages document for the event highlighting both the complexity of the condition and the ways in which services can be improved.

Following on from the reception, the NASG has been in ongoing discussions with Stephen McPartland MP and as a result we have tabled a number of Parliamentary Questions (PQs) and are in discussions around a potential adjournment debate and All Party Group inquiry.

The NASG is also very pleased to launch a newly designed website which has recently gone live. The site is now easy to navigate with pages dedicated to news and how to get involved. You can find links to all our supporters and the All Party Group information as well as browse the many publications produced over the years.

We look forward to seeing you at the BSACI Annual Meeting later this year when we will be co-chairing a session on Friday afternoon, do come and say hello, if you would like to be involved in our work. In the meantime for more information or to be added to the distribution list for regular updates contact Mandy East mandy@nasguk.org or visit or new website www.nasguk.org. You can also follow us on Twitter @AllergyCampaign.
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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 2016 Annual General Meeting of the company will be held in Hall A, Telford Conference Centre, Telford TF3 4JH on Friday 30th September 2016 at 9:00am to 9:55am 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

Dr Stephen Till
Honorary Secretary

Dated: 10th June 2016
Registered Office: Studio 16, Cloisters House, 8 Battersea Park Road, London SW8 4BG

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.
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