COVID-19 questionnaire for allergy services in the UK

Adult allergy
Staffing
For a number of centres where allergy and immunology are managed in the same department, this number will include staff working in both specialties.

Staffing changes as a result of COVID-19

<table>
<thead>
<tr>
<th>Date</th>
<th>All nurses</th>
<th>Consultants, Specialist trainees and Speciality General Practitioners</th>
<th>Secretaries and Admin staff</th>
<th>Dieticians, Physiotherapists, Psychologists and Pharmacists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week commencing 3rd February</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week commencing 6th April</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week Commencing 8th May</td>
<td></td>
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</tr>
</tbody>
</table>

* For a number of centres where allergy and immunology are managed in the same department, this number will include staff working in both specialties.
Effect of staff shielding and self isolating on service provision

Has a requirement for staff members to shield and/or self isolate had an impact on your service?

- Yes, but they are generally able to work from home: 41%
- Yes, but they are generally unable to work from home: 34%
- No significant impact: 25%

n=32
Facilities
Number of services whose physical space available has been affected by changes due to COVID-19

Outpatient units
- Services reporting that physical space has been affected: 9%
- Services reporting that physical space has not been affected: 91%

Day case units
- Services reporting that physical space has been affected: 13%
- Services reporting that physical space has not been affected: 87%

n=32
Services who are aware of patients with adverse clinical outcomes resulting from changes in service provision due to COVID-19

- Services who are aware of patients with adverse clinical outcomes: 44%
- Services who are not aware of patients with adverse clinical outcomes: 56%

n=32
Personal Protective Equipment (PPE) and screening
Changes in screening before appointments or procedures, since 3\textsuperscript{rd} February.

*The responses to this question were difficult to interpret as a number of centres reported “No screening” and also stated a screening method for a given date

n=30
PPE use during COVID-19 pandemic for asymptomatic patients

Week commencing 3rd February
- Filtering Facepiece 3 (FFP3) mask: 0
- Long-sleeved gown: 0
- Eye protection (e.g., face shield): 0
- Single-use plastic apron: 0
- Surgical mask (fluid resistant): 0

Week commencing 6th April
- Filtering Facepiece 3 (FFP3) mask: 0
- Long-sleeved gown: 0
- Eye protection (e.g., face shield): 25
- Single-use plastic apron: 0
- Surgical mask (fluid resistant): 25

Week commencing 8th May
- Filtering Facepiece 3 (FFP3) mask: 0
- Long-sleeved gown: 5
- Eye protection (e.g., face shield): 15
- Single-use plastic apron: 25
- Surgical mask (fluid resistant): 30

n=31
Service recovery
Positive impacts of the adjustments to service provision due to COVID-19

<table>
<thead>
<tr>
<th>Positive impact</th>
<th>Percentage who agreed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced health service overhead costs</td>
<td>32.2</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>22.6</td>
</tr>
<tr>
<td>Perceived reduced risk of infection by staff</td>
<td>64.5</td>
</tr>
<tr>
<td>Reduced patient non-attendance rates</td>
<td>61.2</td>
</tr>
<tr>
<td>Perceived reduced risk of infection by patients</td>
<td>74.2</td>
</tr>
<tr>
<td>Improved flexibility in healthcare professionals’ time</td>
<td>48.3</td>
</tr>
<tr>
<td>Reduced carbon footprint due to less travel</td>
<td>90.3</td>
</tr>
<tr>
<td>Reduced patient travel time</td>
<td>96.8</td>
</tr>
</tbody>
</table>

n=31
Effect of government distancing guidelines on service provision*

> 19% of respondents said that day case units can operate at pre-COVID-19 levels with the government’s distancing guidelines. The remaining 81% said that their day case units cannot operate at pre-COVID-19 levels with distancing guidelines.

> 13% of respondents said that outpatient units can operate at pre-COVID-19 levels with the government’s distancing guidelines. 87% could not operate at pre-COVID-19 levels with distancing guidelines.

*At time of survey government guidelines advise 2m social distancing

n=32
Service provision
Appointment slots available since 3\textsuperscript{rd} February – Part 1 of 2

<table>
<thead>
<tr>
<th>Date</th>
<th>Allergy face-to-face clinic appointments (new and follow-up)</th>
<th>Outpatient skin prick tests (SPTs)</th>
<th>VIT maintenance</th>
<th>Aeroallergen SCIT maintenance</th>
<th>In-hospital omalizumab injections</th>
<th>Aeroallergen subcutaneous immunotherapy (SCIT) up-dosing</th>
<th>Allergy telephone consultations</th>
<th>Allergy video consultations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week commencing 3\textsuperscript{rd} February</td>
<td>400</td>
<td>1200</td>
<td>200</td>
<td>200</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Week commencing 6\textsuperscript{th} April</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Week commencing 8\textsuperscript{th} May</td>
<td>1400</td>
<td>1400</td>
<td>1400</td>
<td>1400</td>
<td>1400</td>
<td>1400</td>
<td>1400</td>
<td>1400</td>
</tr>
</tbody>
</table>

n=29
Appointment slots available since 3rd February – Part 2 of 2

Number of weekly appointments

Date

- Week commencing 3rd February
- Week commencing 6th April
- Week commencing 8th May

**In-hospital drug challenges (+/- drug skin tests)**
**Venom immunotherapy (VIT) up-dosing**
**In-hospital food challenges**
**Initiation of sublingual immunotherapy (SLIT)**
**General anaesthetic anaphylaxis assessment (urgent)**
**Rapid access anaphylaxis assessments**
**General anaesthetic anaphylaxis assessment (routine)**
**Home drug challenges**
**Home food challenges**
**Planned drug desensitisations**

n=29
Number of patients on SLIT maintenance and home-administered omalizumab since 3rd February

<table>
<thead>
<tr>
<th>Date</th>
<th>SLIT maintenance</th>
<th>Home-administered omalizumab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week commencing 3rd February</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Week commencing 6th April</td>
<td></td>
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<tr>
<td>Week commencing 8th May</td>
<td></td>
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</tr>
</tbody>
</table>
Stopping VIT in particular groups of patients due to COVID-19

Number of centres who adopted change

- No change – all patients continued
- Stopped in the extremely vulnerable shielded groups
- Stopped in the vulnerable stringent social distancing groups
- Individual discussion with each patient
- All patients stopped
- Other change

n=30
Reasons for changes in service provision

Changes in service provision occurred as a result of changes in staffing

Changes in service provision occurred as a result of changes in facilities

Changes in service provision occurred as a result of other changes

n=30
Changes to out-of-hours (outside of 9am to 5pm, weekends and public holidays) provision

- 81% No change to out-of-hours service as a result of COVID-19
- 19% No out-of-hours provision pre-COVID-19

No service withdrew their out of hours service due to COVID-19
Changes in research activity due to COVID-19

- 53% All research moved to remote research
- 19% All research suspended
- 22% No change to research since COVID-19
- 3% Not involved in research prior to COVID-19
- 3% Reduced numbers or other

n=32
Triaging of referrals pre-COVID-19 and since COVID-19

![Bar chart showing triaging of referrals](chart.png)

- **Pre COVID-19**
  - All referrals triaged: n=31
  - Some referrals triaged: n=31
  - No referrals triaged: n=31

- **Since COVID-19**
  - All referrals triaged: n=31
  - Some referrals triaged: n=31
  - No referrals triaged: n=31
Non-urgent referrals during COVID-19

- Accepting non-urgent (next available routine appointment) referrals for allergy
- Not accepting non-urgent (next available routine appointment) referrals for allergy

n=32
Centres scheduling these non-urgent appointments as normal or deferring them until service recovery

- Scheduling as normal: 74%
- Deferring appointments until service recovery: 26%

n=26
Centres not accepting non-urgent referrals

> Of the seven centres not accepting non-urgent referrals:

   4 are giving advice and guidance and requesting re-referral
   2 are giving advice and guidance only
   1 is automatically rejecting referrals without advice

n=7
Urgent (see within 4 weeks) referrals since COVID-19

> 88% of centres are accepting urgent (see within 4 weeks) referrals, 12% of centres are not.
> 69% of centres have the capacity to see urgent referrals face to face if needed. The remaining 31% do not
Groups of patients being prioritised as urgent

- Other (please specify)
- Rhinosinusitis with asthma
- Rhinosinusitis
- Isolated angioedema
- Spontaneous urticaria/angioedema
- Anaphylaxis, uncertain cause
- Venom anaphylaxis
- Food allergy - patient choice
- Food allergy - limited diet but no nutritional concern
- Food allergy - nutritional concern
- Food-induced anaphylaxis
- Occupational allergy (e.g., latex)
- Other drug allergy deemed clinically urgent
- Non-steroidal anti-inflammatory drug reactions
- Chemotherapy/biologics allergy
- Antibiotic allergy (clinically required as alternatives inadequate)
- General anaesthetic allergy (future need)
- General anaesthetic allergy (surgery imminent)

Number of centres prioritising this group of patients as urgent

n=30
Ability to undertake urgent treatments/procedures (e.g. desensitisation or challenges)

- Week commencing 3rd February: 26 centres able to undertake urgent treatments/procedures, 4 centres not able to undertake urgent treatments/procedures.
- Week commencing 6th April: 14 centres able to undertake urgent treatments/procedures, 16 centres not able to undertake urgent treatments/procedures.
- Week commencing 8th May: 24 centres able to undertake urgent treatments/procedures, 6 centres not able to undertake urgent treatments/procedures.

n=30
Changes to the available repertoire or turnaround time of specific IgE tests in local laboratories

- Centers reporting changes in the available repertoire or turnaround time of specific IgE tests in local laboratories: 26%
- Centers reporting no changes in the available repertoire or turnaround time of specific IgE tests in local laboratories: 74%

n=31
Booking skin tests for patients reviewed remotely

If indicated, are you able to book skin tests for patients reviewed remotely (telephone or video consultations)?

- 75% by deferring until subsequent appointment (>4 weeks)
- 22% within 1-4 weeks
- 3% within less than 1 week

n=32
Acknowledgements

Thank you to the following for supporting this piece of work:

> Professor M. Thirumala Krishna, Clinical Lead IQAS programme

> Dr Claire Bethune, Clinical Lead QPIDS programme

> From BSACI for contributing to the survey design
  
  Dr Andrew Whyte
  Dr Shuaib Nasser
  Dr Paul Turner

> From UKPIN for contributing to the survey design
  
  Dr Ravi Sargur
  Professor Sophie Hambleton

> Nathan Gribbin for collating and analysing the responses and producing the report

> From the Accreditation Unit, Royal College of Physicians
  
  • Gemma Mackay; Rumneet Ghumman; Katy Thistlethwaite; Madeline Bano and Dimple Keen