COVID-19 questionnaire for allergy services in the UK

Paediatric 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

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

n=29
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 (47%)
- Yes, but they are generally unable to work from home (40%)
- No significant impact (13%)

n=30
Facilities
Number of services whose physical space available has been affected by changes due to COVID-19

- Outpatient units:
  - 83% services reporting that physical space has not been affected
  - 17% services reporting that physical space has been affected

- Daycase units:
  - 100% services reporting that physical space has not been affected

n=30
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: 17%
- Services who are not aware of patients with adverse clinical outcomes: 83%

n=30
Personal Protective Equipment (PPE) and screening
Changes in screening before appointments or procedures, since 3\textsuperscript{rd} February.

n=27

Week commencing 3\textsuperscript{rd} February

- No screening
- Screening questionnaire (e.g., cough, fever)
- Temperature measurement
- COVID-19 swab

Week commencing 6\textsuperscript{th} April

- No screening
- Screening questionnaire (e.g., cough, fever)
- Temperature measurement
- COVID-19 swab

Week commencing 8\textsuperscript{th} May

- No screening
- Screening questionnaire (e.g., cough, fever)
- Temperature measurement
- COVID-19 swab
PPE use during COVID-19 pandemic for asymptomatic patients

Number of centres using PPE type

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

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

n=21
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>25</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>25</td>
</tr>
<tr>
<td>Perceived reduced risk of infection by staff</td>
<td>42.9</td>
</tr>
<tr>
<td>Reduced patient non-attendance rates</td>
<td>50</td>
</tr>
<tr>
<td>Perceived reduced risk of infection by patients</td>
<td>53.6</td>
</tr>
<tr>
<td>Improved flexibility in healthcare professionals’ time</td>
<td>71.4</td>
</tr>
<tr>
<td>Reduced carbon footprint due to less travel</td>
<td>82.1</td>
</tr>
<tr>
<td>Reduced patient travel time</td>
<td>82.1</td>
</tr>
</tbody>
</table>

n=28
Effect of government distancing guidelines on service provision*

> 13% of respondents said that daycase units can operate at pre-COVID-19 levels with the government’s distancing guidelines. The remaining 87% said that their daycase units cannot operate at pre-COVID-19 levels with distancing guidelines.

> No respondents said that outpatient units can operate at pre-COVID-19 levels with the government’s distancing guidelines. All could not operate at pre-COVID-19 levels with distancing guidelines.

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

n=30
Service provision
Appointment slots available since 3rd February – Part 1 of 2

Number of weekly appointment slots

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

Date

- Allergy face-to-face clinic appointments (new and follow-up)
- Outpatient skin prick tests (SPTs)
- Allergy telephone consultations
- Allergy video consultations
- Home food challenges

n=30
Appointment slots available since 3rd February – Part 2 of 2

<table>
<thead>
<tr>
<th>Date</th>
<th>In-hospital drug challenges (+/- drug skin tests)</th>
<th>Home drug challenges</th>
<th>Planned drug desensitisations</th>
<th>Aeroallergen subcutaneous immunotherapy (SCIT) up-dosing</th>
<th>In-hospital omalizumab injections</th>
<th>General anaesthetic anaphylaxis assessment (routine)</th>
<th>In-hospital food challenges</th>
<th>VIT maintenance</th>
<th>Aeroallergen SCIT maintenance</th>
<th>Initiation of sublingual immunotherapy (SLIT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week commencing 3rd February</td>
<td>30</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Week commencing 6th April</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Week commencing 8th May</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

n=30
Number of patients on SLIT maintenance and home-administered omalizumab since 3\textsuperscript{rd} February

<table>
<thead>
<tr>
<th>Date</th>
<th>SLIT maintenance</th>
<th>Home-administered omalizumab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week commencing 3\textsuperscript{rd} February</td>
<td>116</td>
<td>n=8</td>
</tr>
<tr>
<td>Week commencing 6\textsuperscript{th} April</td>
<td>126</td>
<td>n=3</td>
</tr>
<tr>
<td>Week commencing 8\textsuperscript{th} May</td>
<td>122</td>
<td></td>
</tr>
</tbody>
</table>
Stopping VIT in particular groups of patients due to COVID-19

> 4 out of 5 centres with VIT patients did not make any changes to their treatment. 1 out of the 5 centres discussed individually with their patients. No centres decided to stop VIT in specifically shielding groups only.

n=5
Reasons for changes in service provision

- Changes in service provision occurred as a result of changes in facilities (41%)
- Changes in service provision occurred as a result of changes in staffing and facilities (59%)

n=29
Changes to out-of-hours (outside of 9am to 5pm, weekends and public holidays) provision

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

No service withdrew their out of hours service due to COVID-19

n=30
Changes in research activity due to COVID-19

- All research moved to remote research: 60%
- All research suspended: 17%
- No change to research since COVID-19: 10%
- Not involved in research prior to COVID-19: 3%
- Reduced numbers or other: 10%

n=30
Triaging of referrals pre-COVID-19 and since COVID-19

- Pre COVID-19 (n=29):
  - All referrals triaged: 22
  - Some referrals triaged: 5
  - No referrals triaged: 2

- Since COVID-19 (n=29):
  - All referrals triaged: 27
  - Some referrals triaged: 2
  - No referrals triaged: 0
Non-urgent referrals during COVID-19

- Accepting non-urgent (next available routine appointment) referrals for allergy: 17%
- Not accepting non-urgent (next available routine appointment) referrals for allergy: 83%

n=30
Centres scheduling these non-urgent appointments as normal or deferring them until service recovery

- Scheduling as normal: 62%
- Deferring appointments until service recovery: 38%

n=24
Centres not accepting non-urgent referrals

> All five services who are not accepting non-urgent referrals are giving advice and guidance and requesting re-referral
Urgent (see within 4 weeks) referrals since COVID-19

> 90% of centres are accepting urgent (see within 4 weeks) referrals, 10% of centres are not.
> 73% of centres have the capacity to see urgent referrals face to face if needed. The remaining 27% do not
Groups of patients being prioritised as urgent

- General anaesthetic allergy (surgery imminent)
- General anaesthetic allergy (future need)
- Antibiotic allergy (clinically required as alternatives deemed inadequate)
- Chemotherapy/biologics allergy
- Non-steroidal anti-inflammatory drug reactions
- Other drug allergy deemed clinically urgent
- Food allergy - patient choice
- Limited diet but no nutritional concern
- 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 deemed inadequate)
- General anaesthetic allergy (future need)
- General anaesthetic allergy (surgery imminent)

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of centres able to undertake urgent (within 4 weeks) treatments/procedures</th>
<th>Number of centres unable to undertake urgent (within 4 weeks) treatments/procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week commencing 3rd February</td>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td>Week commencing 6th April</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Week commencing 8th May</td>
<td>15</td>
<td>10</td>
</tr>
</tbody>
</table>

n=25
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: 24%
- Centers reporting no changes in the available repertoire or turnaround time of specific IgE tests in local laboratories: 76%

n=29

Royal College of Physicians IQAS QPIDS
Booking skin tests for patients reviewed remotely

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

- Less than 1 week: 21%
- 1-4 weeks: 14%
- By deferring until subsequent appointment (>4 weeks): 65%

n=29
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