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COVID-19 questionnaire for allergy services in the UK

BSACI
Improving Allergy Care
through education, training and research

UK  PIN
Advancing Care in Primary Immunodeficiency

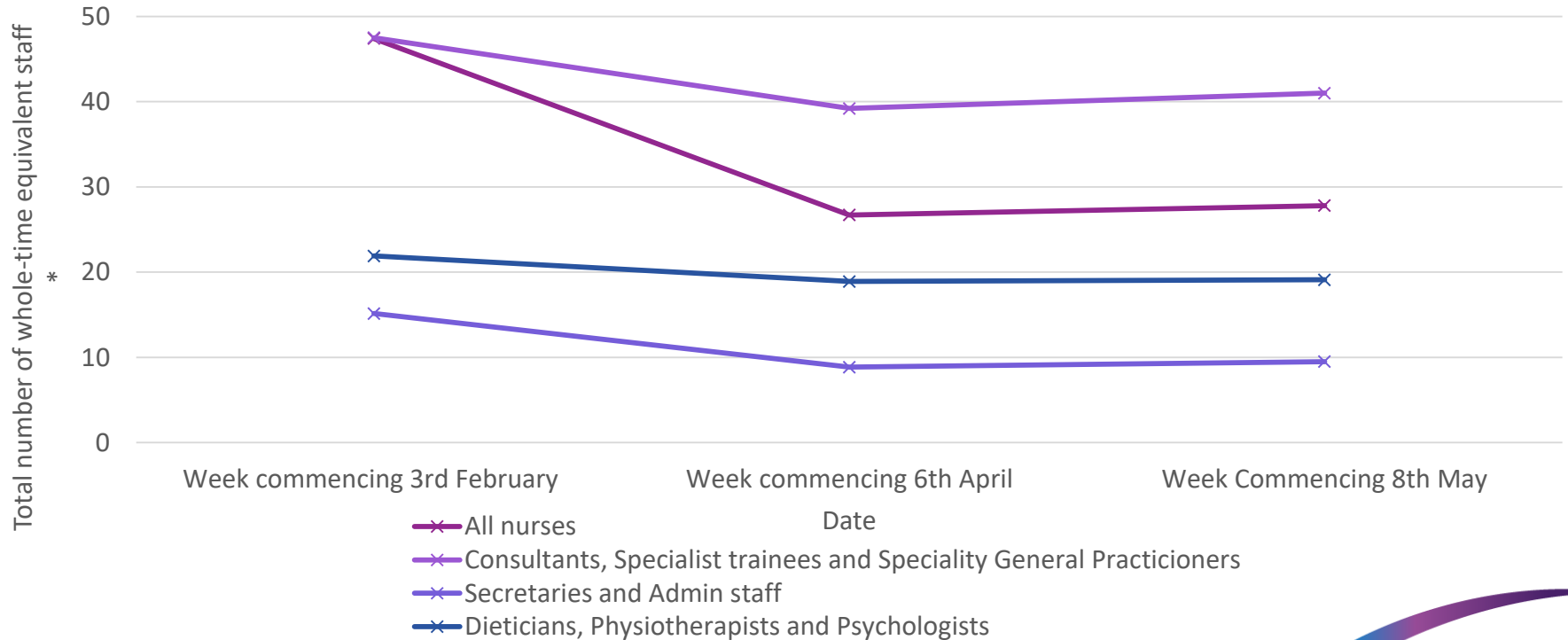
Paediatric allergy



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Staffing

Staffing changes as a result of COVID-19

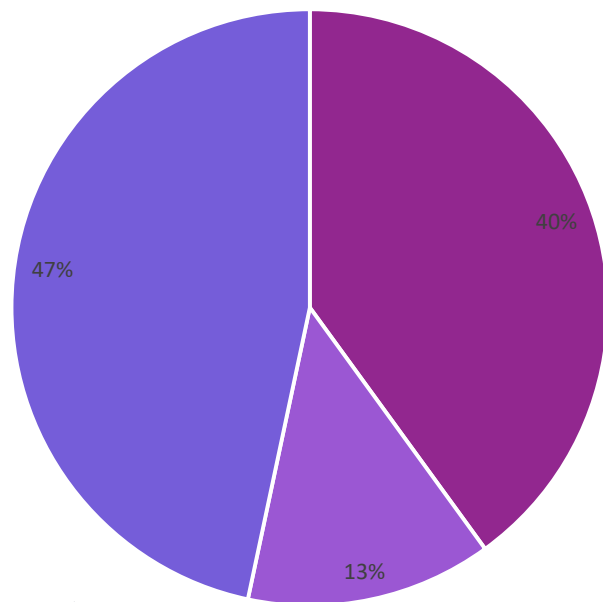


* For a number of centres where allergy and immunology are managed in the same department, this number will include staff working in both specialties



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
- Yes, but they are generally unable to work from home
- No significant impact



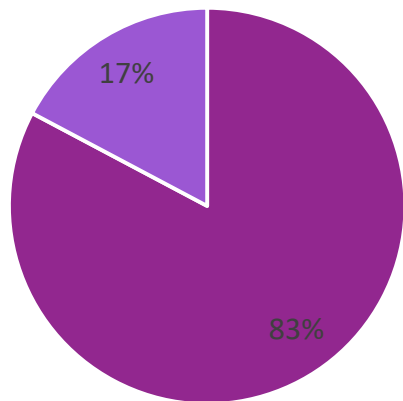
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Facilities

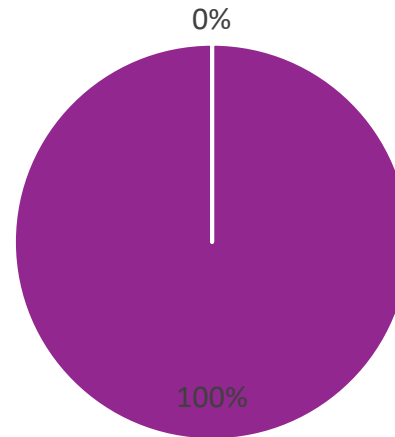
Number of services whose physical space available has been affected by changes due to COVID-19

Outpatient units



- Services reporting that physical space has been affected
- Services reporting that physical space has not been affected

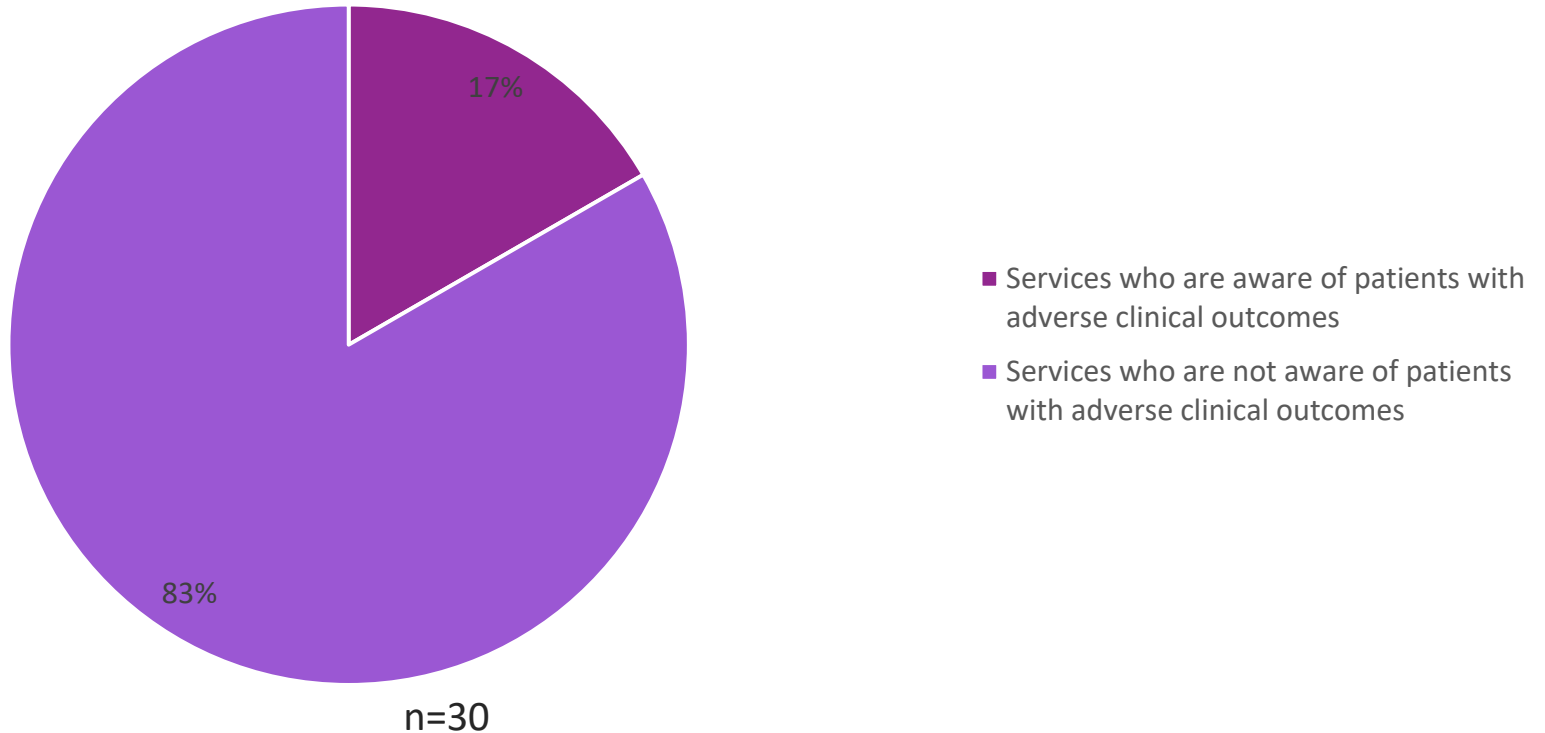
Daycase units



- Services reporting that physical space has been affected
- Services reporting that physical space has not been affected

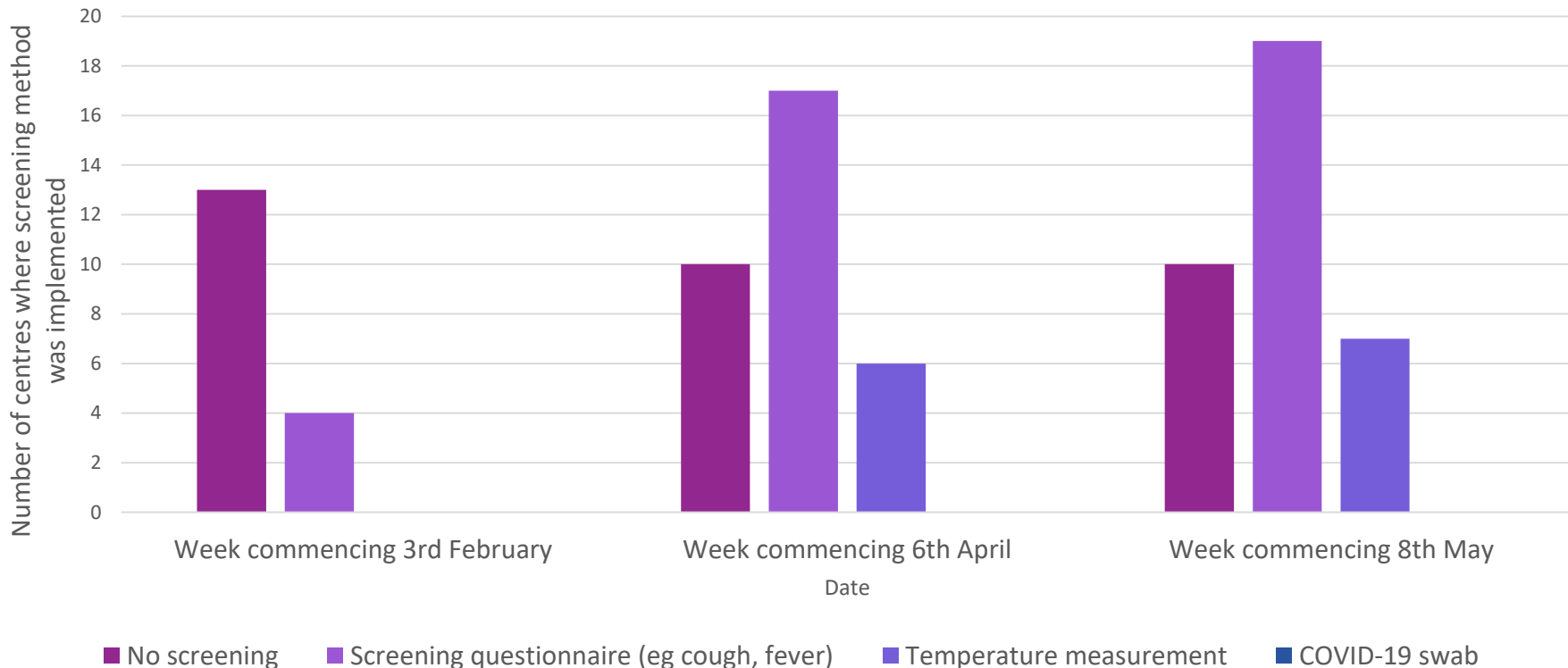
n=30

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



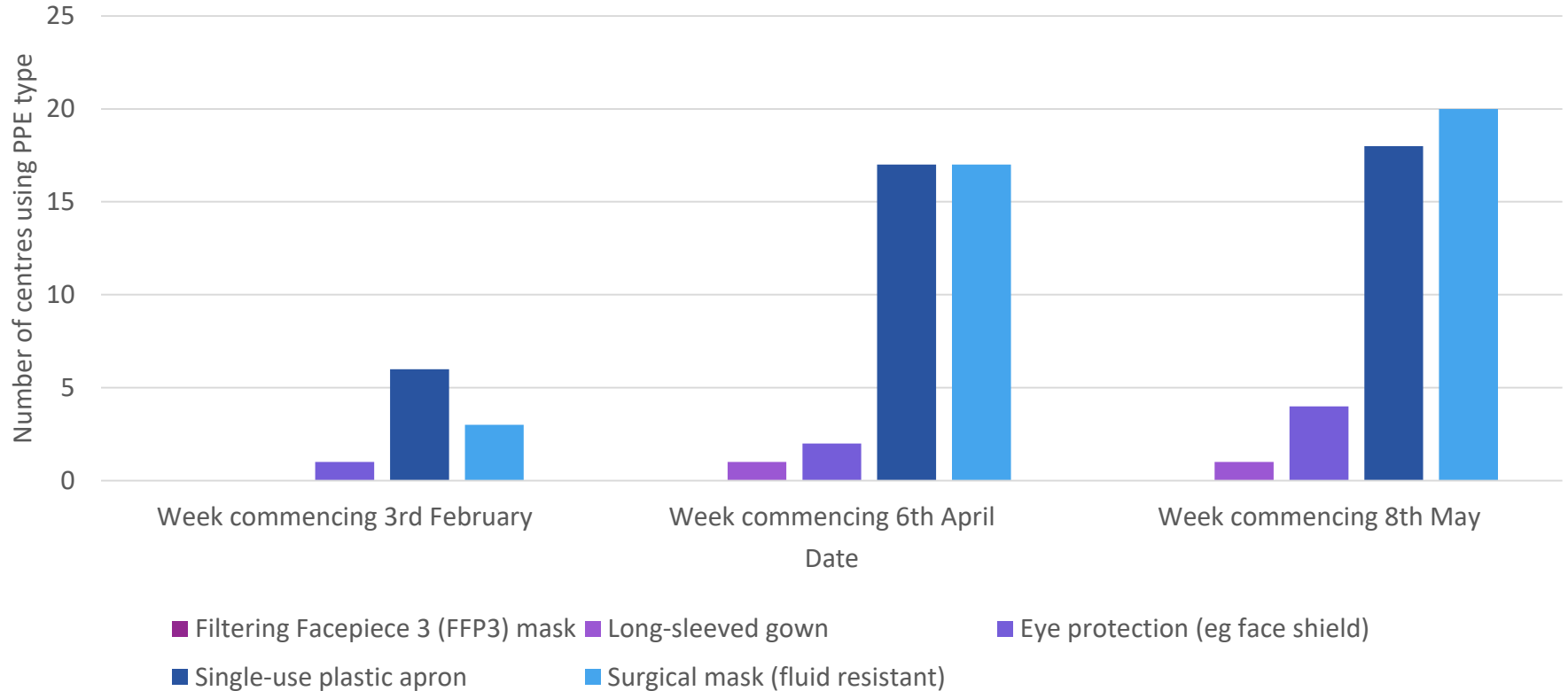
Personal Protective Equipment (PPE) and screening

Changes in screening before appointments or procedures, since 3rd February.



n=27

PPE use during COVID-19 pandemic for asymptomatic patients



n=21



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Service recovery

Positive impacts of the adjustments to service provision due to COVID-19

Positive impact	Percentage who agreed
Reduced health service overhead costs	25
Other (please specify)	25
Perceived reduced risk of infection by staff	42.9
Reduced patient non-attendance rates	50
Perceived reduced risk of infection by patients	53.6
Improved flexibility in healthcare professionals' time	71.4
Reduced carbon footprint due to less travel	82.1
Reduced patient travel time	82.1



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

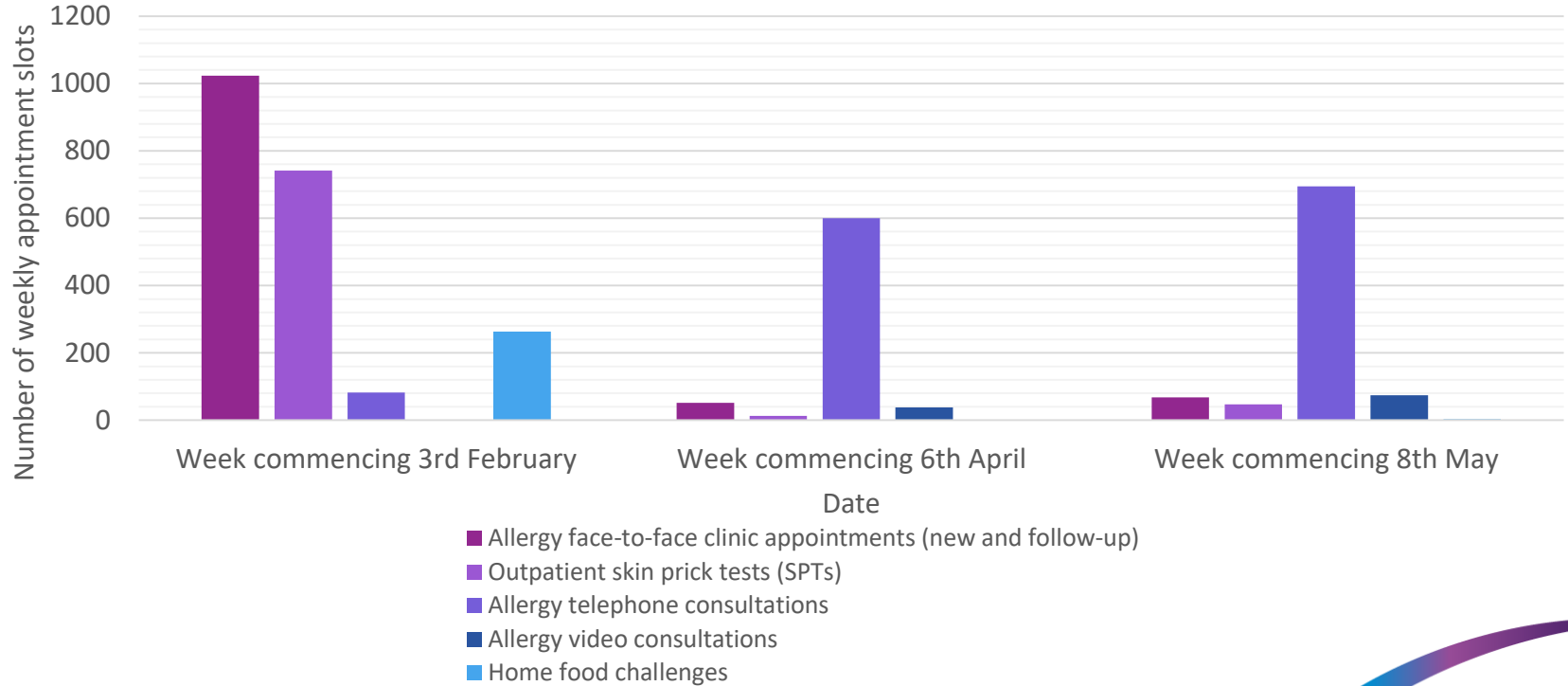
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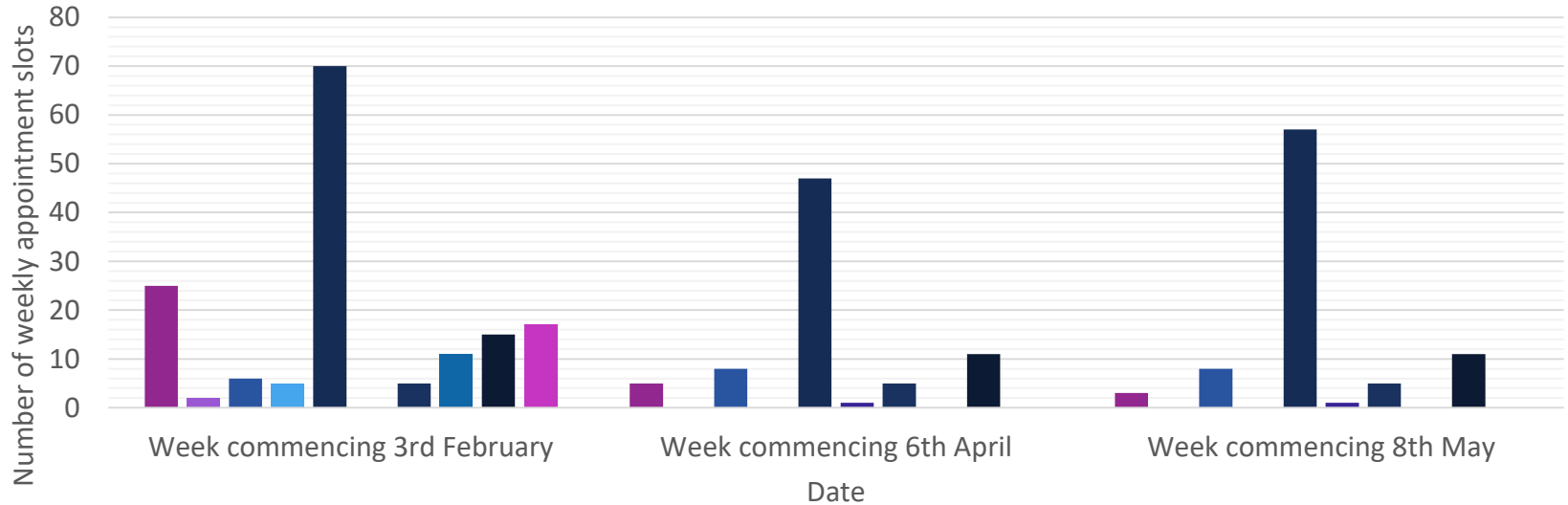
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Service provision

Appointment slots available since 3rd February – Part 1 of 2



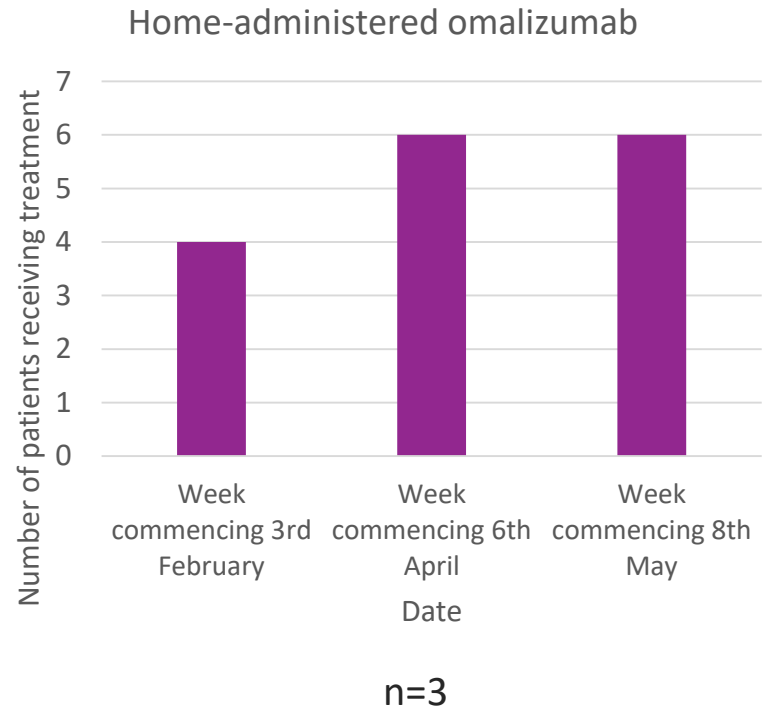
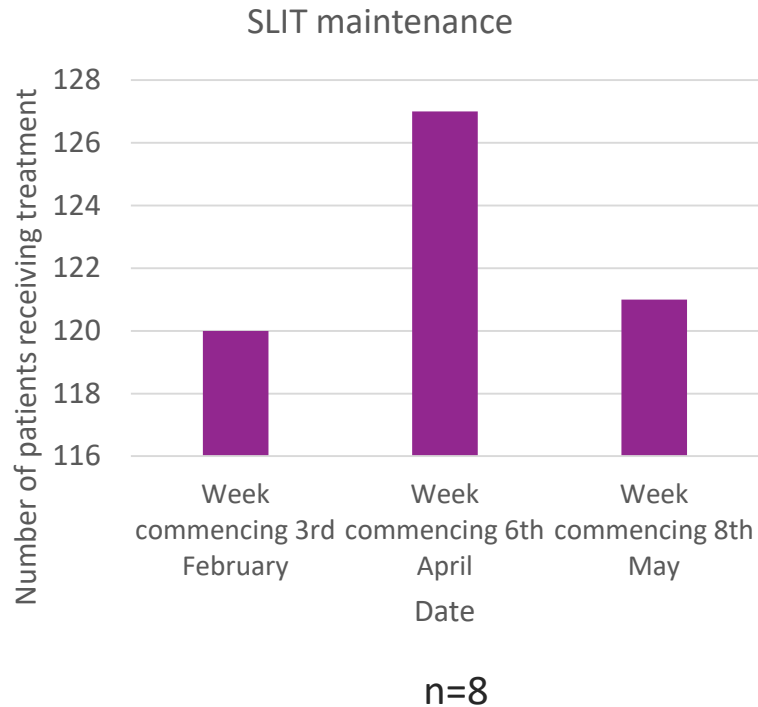
Appointment slots available since 3rd February – Part 2 of 2



- In-hospital drug challenges (+/- drug skin tests)
- Home drug challenges
- Planned drug desensitisations
- Aeroallergen subcutaneous immunotherapy (SCIT) up-dosing
- In-hospital omalizumab injections
- General anaesthetic anaphylaxis assessment (routine)
- In-hospital food challenges
- VIT maintenance
- Aeroallergen SCIT maintenance
- Initiation of sublingual immunotherapy (SLIT)



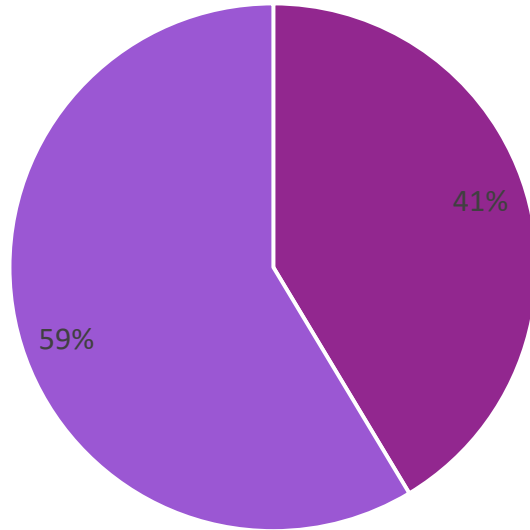
Number of patients on SLIT maintenance and home-administered omalizumab since 3rd February



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.

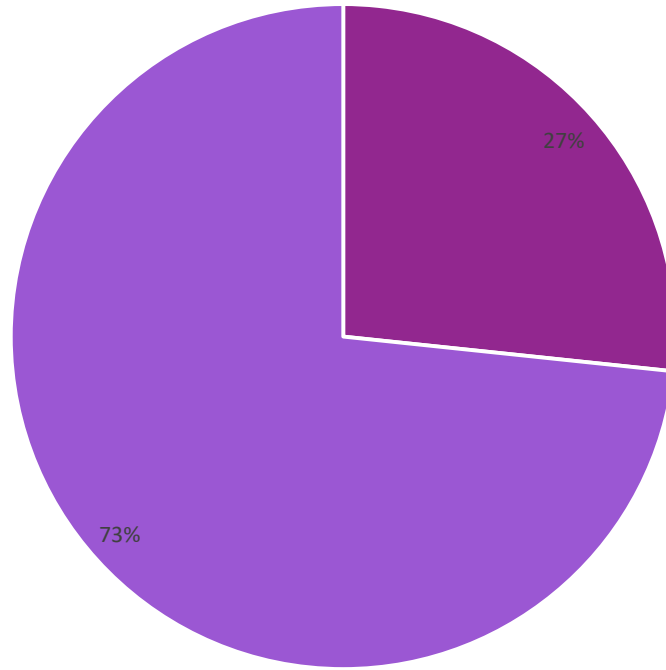
Reasons for changes in service provision



- Changes in service provision occurred as a result of changes in facilities
- Changes in service provision occurred as a result of changes in staffing and facilities

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

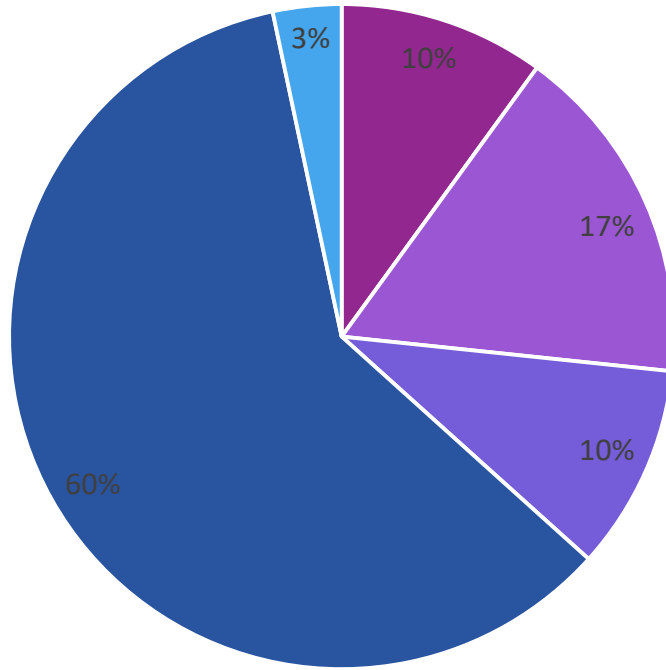




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Research

Changes in research activity due to COVID-19



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



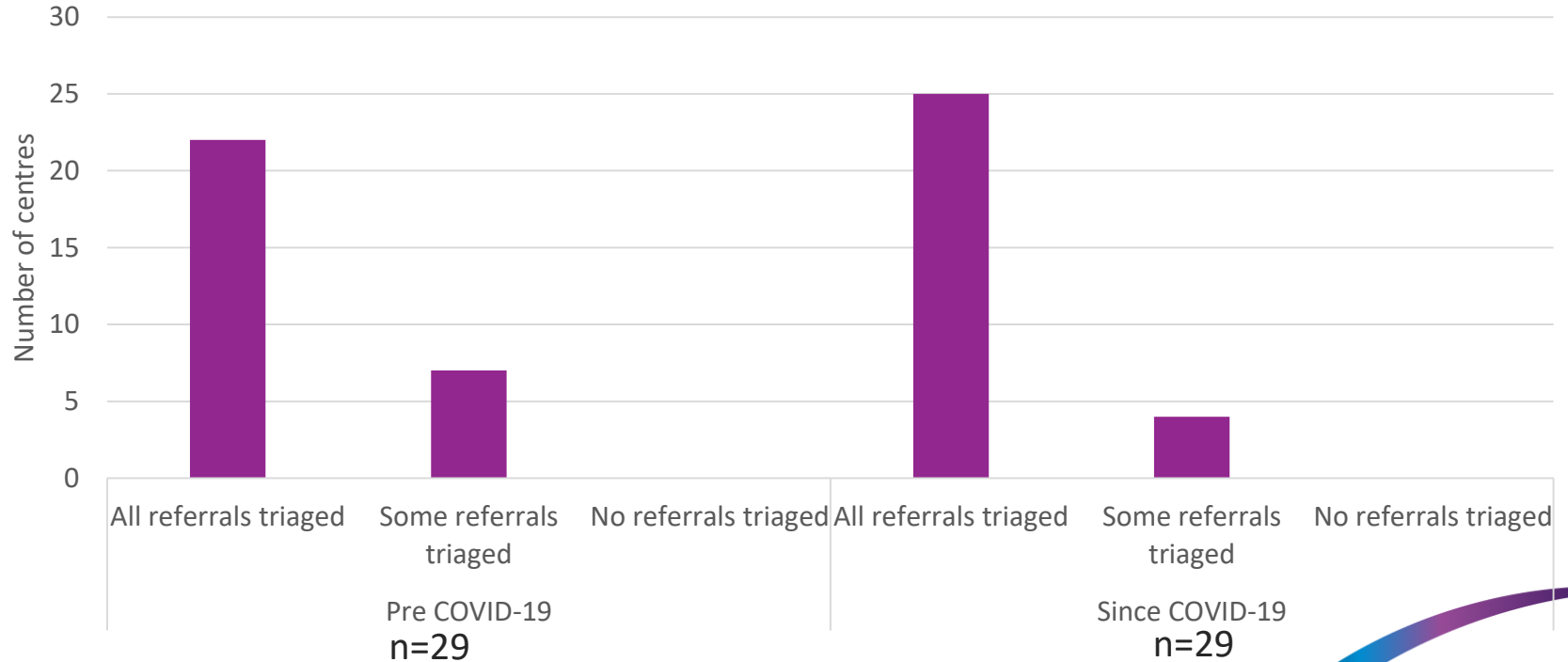


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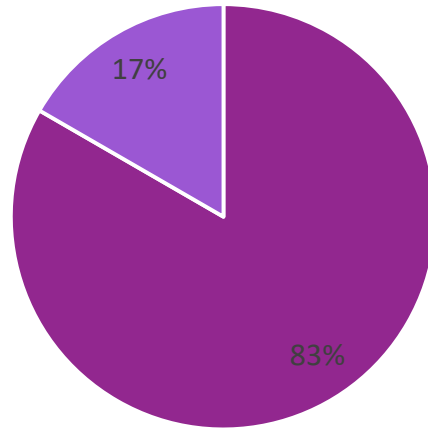
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Referrals

Triaging of referrals pre-COVID-19 and since COVID-19



Non-urgent referrals during COVID-19

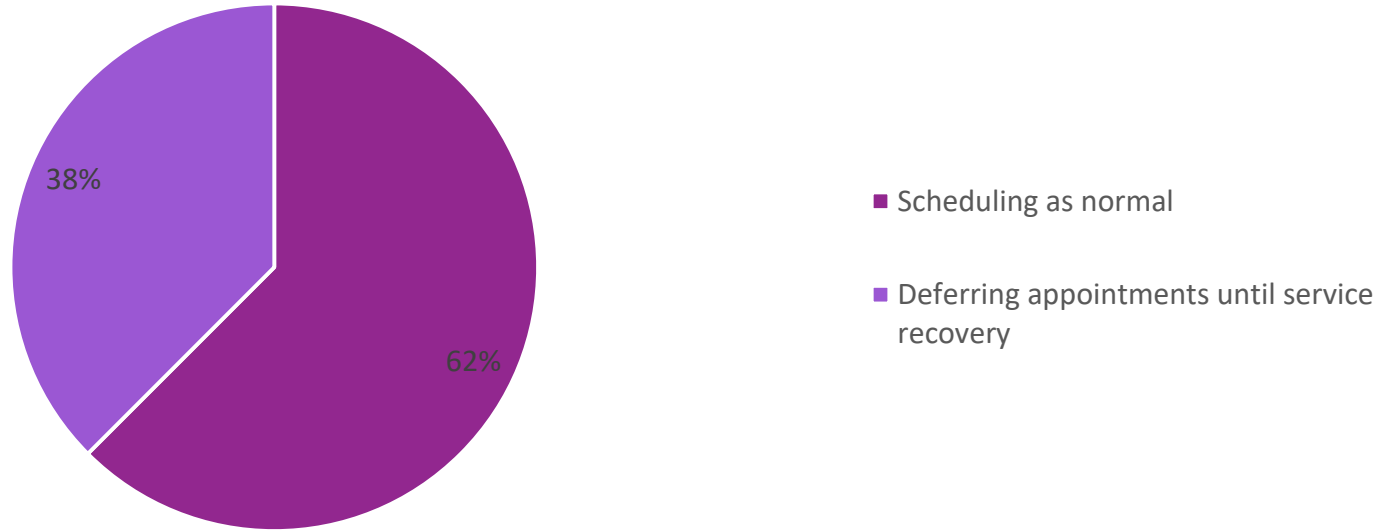


- Accepting non-urgent (next available routine appointment) referrals for allergy
- Not accepting non-urgent (next available routine appointment) referrals for allergy

n=30



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



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

n=5

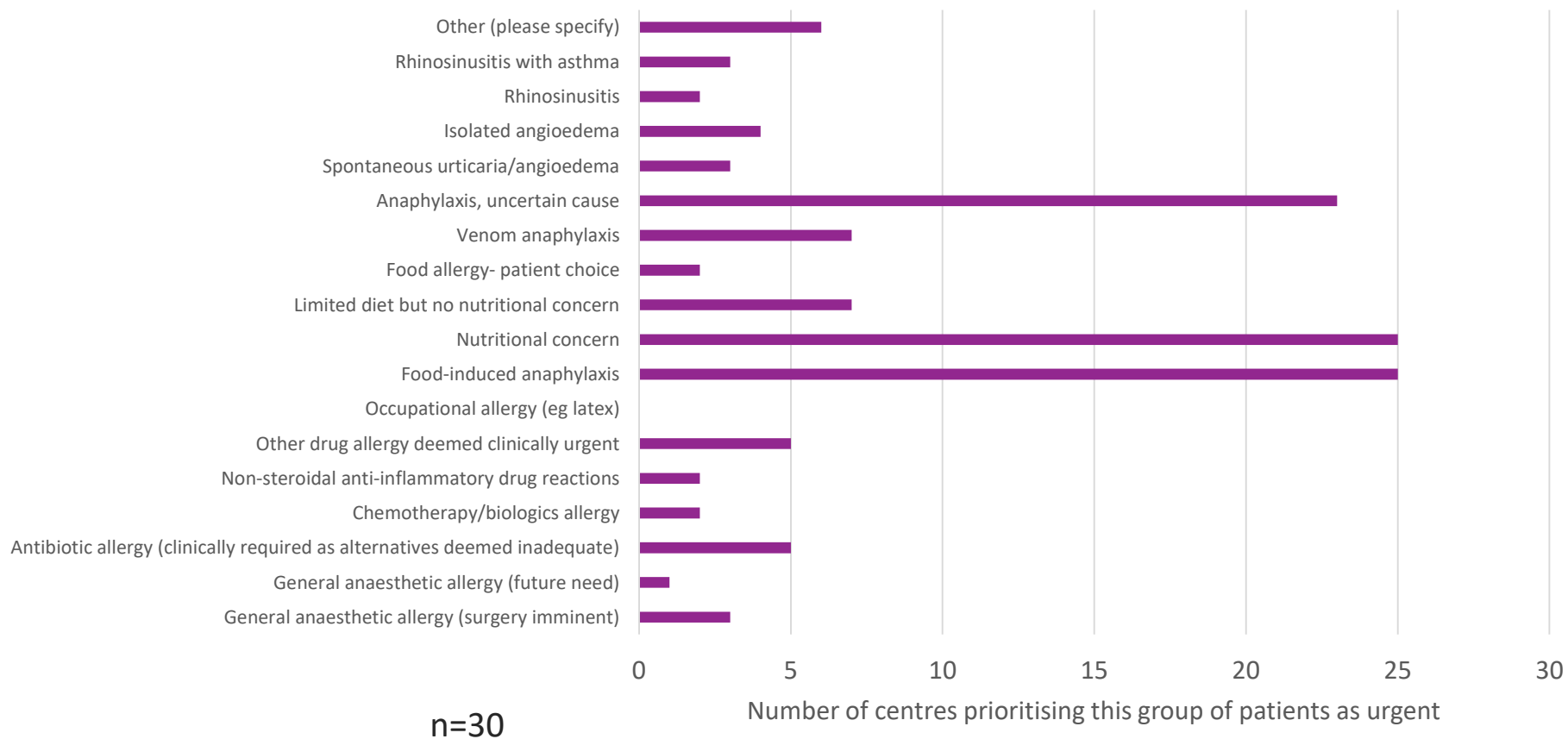
Urgent (see within 4 weeks) referrals since COVID-19

- > 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

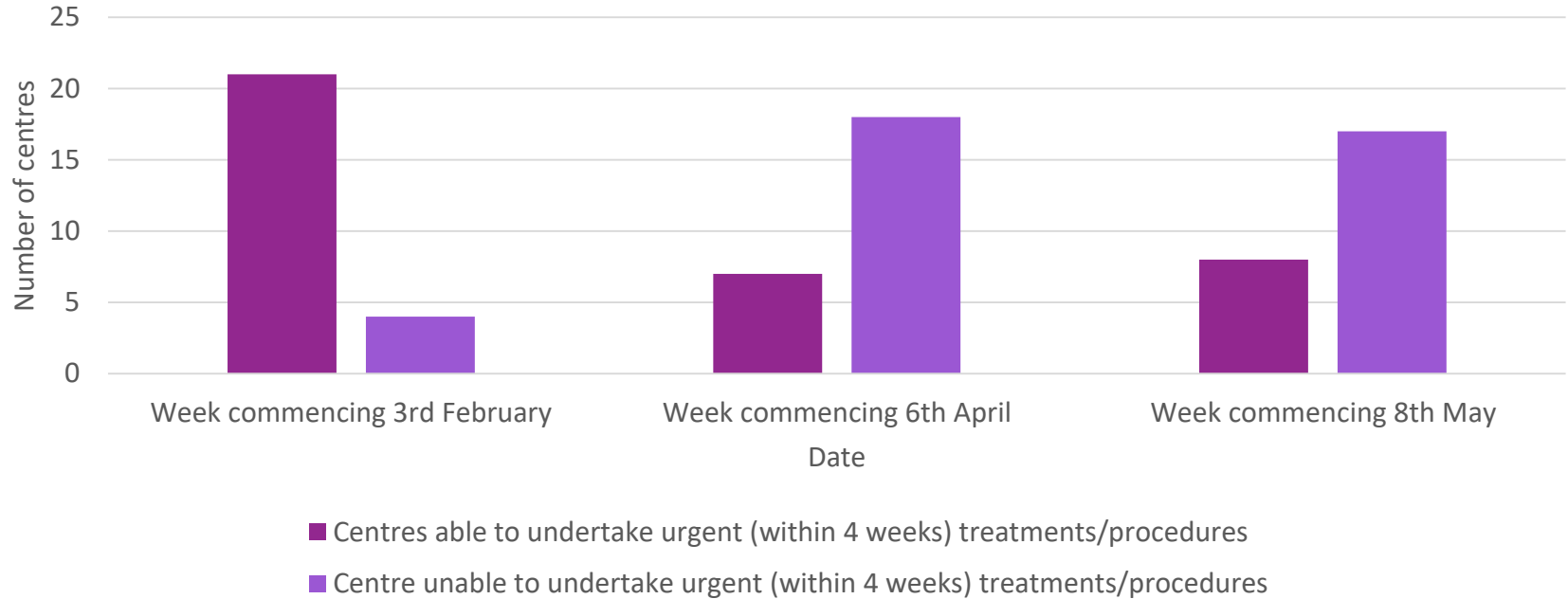
n=30



Groups of patients being prioritised as urgent

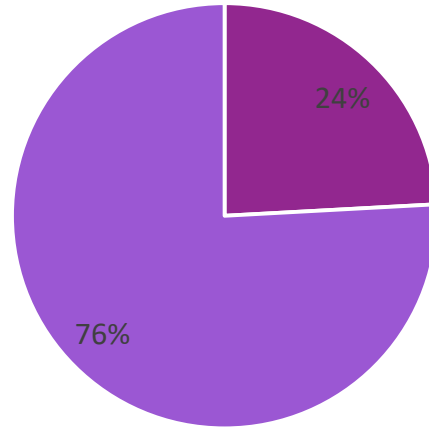


Ability to undertake urgent treatments/procedures (e.g. desensitisations or challenges)



n=25

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



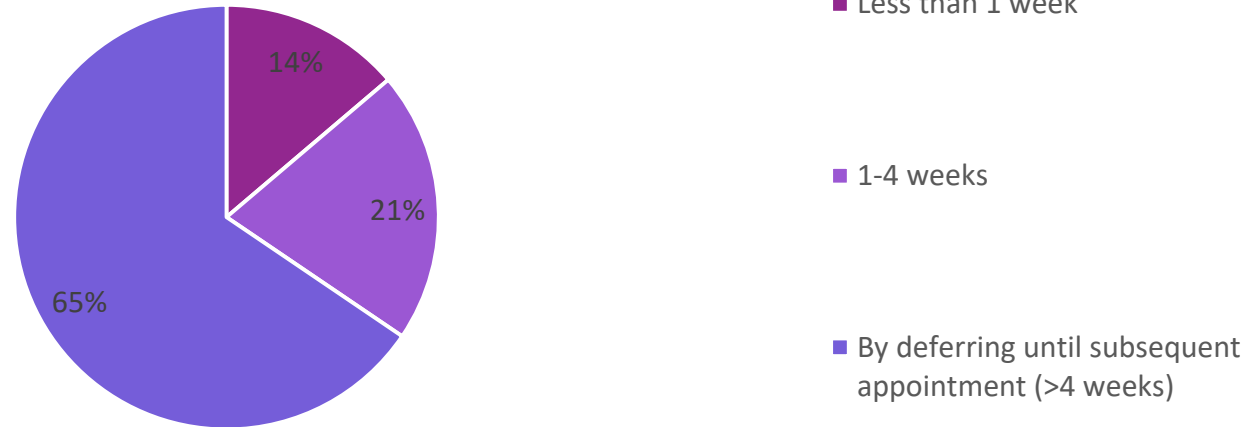
- Centers reporting changes in the available repertoire or turnaround time of specific IgE tests in local laboratories
- Centers reporting no changes in the available repertoire or turnaround time of specific IgE tests in local laboratories

n=29



Booking skin tests for patients reviewed remotely

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



Acknowledgements

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