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Standards of care and patient pathways: equitable access to high-quality, lifelong allergy healthcare – and an NHS workforce educated and trained to deliver this

Dr Isabel Skypala and Dr Susan Leech discuss the work of the Standards of Care and Patient Pathway working group.

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Equitable access to allergy care is a critical aspect of the National Allergy Strategy. This requires adequate investment, service development in under-served geographies and a well-trained, well-staffed workforce.

Goal 2 of the National Allergy Strategy calls for equitable access to allergy healthcare, with an NHS workforce properly equipped to deliver it. All health frameworks and long-term plans across the 4 nations of the UK are relevant to this goal. This includes alignment with NHS England's 10-year plan, 'Fit for the future', particularly around the shift of care from hospital to community and the development of neighbourhood health centres that provide services closer to home to improve accessibility.

Fortunately, allergy care can perfectly align with this. The integration of allergy services into all neighbourhood health centres, supported by multidisciplinary teams, forms a key part of our recommendations. This integration would enable specialist, hospital-based allergy services to support more complex conditions.

The Standards of Care and Patient Pathway working group was tasked with addressing equitable access to allergy healthcare. Key questions were:

- what does good look like?
- what constitutes high-quality allergy healthcare?
- how can we provide lifelong access?
- how do we ensure a highly trained and competent NHS workforce with which to deliver it?

Members of the working group were asked to nominate 5 top objectives, which were grouped into sections and ranked in order of importance, to create recommendations. The working group established 26 priority objectives, each supported by strategic actions and grouped into 5 sections. These were: equitable access to high-quality care; services for adolescents and young people (aged 11–25); workforce provision; development of community provision; and workforce education and training.

Ensuring equitable access to allergy care

Equitable access to high-quality allergy care will require government investment. The economic case for improving allergy services in the community needs to be developed, alongside guidance for commissioners to better understand the needs of allergy patients and the economic benefit of providing community-based allergy services. Allergy services need to be integrated into long-term condition planning at government level, supported by setting clear national and local accountability for allergy provision.

Allergy needs to be embedded within commissioning and performance frameworks, with UKâ□□wide service standards established that define what good care looks like in primary, secondary and tertiary settings, including the multidisciplinary skills and diagnostics they must provide. Service standards need to be underpinned by a wide variety of guidelines and standards of care, and inclusive of all professional groups involved in allergy care.

National benchmarking programmes will support quality improvement. Pathways and standards of care can be monitored by frameworks such as Improving Quality in Allergy Services (IQAS) and the British Society for Allergy & Clinical Immunology (BSACI) Registry for Immunotherapy (BRIT) registry. A benchmarking scheme for paediatric allergy services will need to be developed. All services struggling to meet standards for delivery will be supported through the development of a culture of shared learning and systemic quality improvement.

Unequal access to allergy care needs to be addressed. Geographical variation in patient demand and access to services can be mapped. These disparities can be used to target investment and service development. This can also be supported through the development of allergy capability within primary care, to resolve less complex allergy safely and closer to home. This will require defined competencies, GPs with extended roles, access to clinical nurse specialists, allergy dieticians, psychologists and pharmacists, appropriate allergy testing and interpretation, and clear referral criteria.

This may also involve the creation of regular virtual multidisciplinary teams (MDTs) to support allergy provision in primary care. Allergy management in neighbourhood health centres will reduce waiting lists for hospital-based services, enabling specialist clinics to focus on complex needs. This will improve outcomes for all allergy patients.

Not only is it important to expand the reach of allergy services, but access to disease-modifying therapies must also be equitable and timely across every nation. Referral pathways will need to be aligned to national guidance and monitored to ensure delivery. This requires national, standardised referral criteria, aligned with the NHS England service specification. These should be provided by a network of services covering the whole country. In addition, greater access to services providing testing for drug and anaesthetic allergy, alongside a national programme for penicillin allergy de-labelling, will improve care for patients with drug allergy.

Understanding the needs of the young

Services for adolescents and young people (aged 11–25) are the second priority. Young people must experience a safe, uninterrupted transition from paediatric to adult services, with defined competencies for the care of young adults. National service standards for transition are now defined in IQAS and the paediatric service standards. Core competencies for personnel working with adolescents and young adults need to be defined. Adult allergy services supporting transition must be mapped and gaps addressed.

Healthcare transition in all allergy pathways needs to be embedded and underpinned by evaluation and audit. Improved digital integration in the NHS 10-year plan will lead to better data collection and clinical coding, and a better understanding of the needs and provision of allergy care for adolescents and young people.

Workforce and training

The remaining 3 priorities are centred on workforce. Firstly, the development of a multi-professional NHS workforce in sufficient numbers, and with appropriate skills to meet the needs of all affected by allergy, is a key priority. Support from the Government will allow the allergy workforce to expand and upskill at all levels: medicine, nursing, dietetics, psychology and pharmacy.

To achieve this, the final 2 priorities are to develop effective education and training from undergraduate to post-graduate level for all healthcare professionals involved in the delivery of allergy care. This will be achieved by increasing training numbers, and creating flexible development and post-graduate training routes. The BSACI's 'Learn Allergy' platform, the BSACI

Allergy Education Network (BAEN) and the Allergy Capabilities Framework can help ensure appropriate allergy education at all levels. Allergy should be included as core educational content for all healthcare professionals, supported by the best use of digital initiatives.

The result of addressing these 5 priority areas will be that people living with allergic disease can access timely, high-quality care throughout their lives, wherever they live in the UK. Care will be provided by an NHS workforce, trained and organised to deliver it close to the patient's home, avoiding long trips to distant centres. Care providers will work within a supportive network delivering high-quality, standardised allergy services across the country. Expansion of allergy services will be informed by enhanced data.

Meet the authors



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