



# Food allergy

Quality standard

Published: 24 March 2016

[nice.org.uk/guidance/qs118](https://www.nice.org.uk/guidance/qs118)

## Contents

Introduction .....	5
Why this quality standard is needed .....	5
How this quality standard supports delivery of outcome frameworks .....	6
Safety and people's experience of care .....	8
Coordinated services.....	8
List of quality statements.....	10
Quality statement 1: Allergy-focused clinical history .....	11
Quality statement.....	11
Rationale .....	11
Quality measures .....	11
What the quality statement means for service providers, healthcare professionals, and commissioners .	12
What the quality statement means for patients, service users and carers .....	12
Source guidance.....	12
Definitions of terms used in this quality statement .....	12
Quality statement 2: Diagnosing IgE-mediated food allergy .....	15
Quality statement.....	15
Rationale .....	15
Quality measures .....	15
What the quality statement means for service providers, healthcare professionals and commissioners...	16
What the quality statement means for patients, service users and carers.....	16
Source guidance.....	17
Definitions of terms used in this quality statement .....	17
Quality statement 3: Diagnosing non-IgE-mediated food allergy .....	18
Quality statement.....	18
Rationale .....	18
Quality measures .....	18
What the quality statement means for service providers, healthcare professionals, and commissioners .	19

---

What the quality statement means for patients, service users and carers .....	20
Source guidance.....	20
Definitions of terms used in this quality statement .....	20
Quality statement 4: Referral to secondary or specialist care .....	22
Quality statement.....	22
Rationale .....	22
Quality measures .....	22
What the quality statement means for service providers, healthcare professionals, and commissioners .	23
What the quality statement means for patients, service users and carers .....	23
Source guidance.....	23
Definitions of terms used in this quality statement .....	24
Equality and diversity considerations.....	25
Quality statement 5 (placeholder): Diagnosing food allergy in adults.....	26
What is a placeholder statement? .....	26
Rationale .....	26
Quality statement 6 (placeholder): Nutritional support for food allergy .....	27
What is a placeholder statement? .....	27
Rationale .....	27
Using the quality standard.....	28
Quality measures .....	28
Levels of achievement .....	28
Using other national guidance and policy documents.....	28
Diversity, equality and language .....	29
Development sources.....	30
Evidence sources.....	30
Policy context .....	30
Related NICE quality standards .....	31
Published .....	31

Future quality standards .....	31
Quality Standards Advisory Committee and NICE project team .....	32
Quality Standards Advisory Committee.....	32
NICE project team .....	34
Update information.....	35
About this quality standard.....	36

This standard is based on CG116.

This standard should be read in conjunction with QS97, QS44, QS25 and QS174.

## Introduction

This quality standard covers the diagnosis, assessment and management of food allergy in children, young people and adults. Children and young people are those aged under 19. For more information see the [food allergy and anaphylaxis topic overview](#).

NICE quality standards focus on aspects of health and social care that are commissioned locally. Areas of national policy, such as national training standards, are therefore not covered by this quality standard.

### *Why this quality standard is needed*

Food allergy has been defined as 'an adverse health effect arising from a specific immune response that occurs reproducibly on exposure to a given food'<sup>[4]</sup>. It can be classified into IgE-mediated and non-IgE-mediated reactions (although some responses can involve both types). IgE-mediated reactions (difficulty swallowing or feeling sick or vomiting) are often immediate and have a rapid onset whereas non-IgE-mediated reactions (redness and itchiness of the skin or heartburn) are generally characterised by delayed reactions. Food allergy can be difficult to diagnose and is often confused with food intolerance (a non-immune reaction that can be caused by metabolic, pharmacological, toxic and undefined mechanisms).

Food allergy is one of the most common types of allergy and is a major health problem in Western countries. This is because of the potential severity of the allergic reactions (which can be life threatening if not treated quickly) and a dramatic increase in their prevalence. The NICE guideline on [food allergy in under 19s](#) states that the prevalence of food allergy in children under 3 years in Europe and North America ranges from 6% to 8%.

The quality standard is expected to contribute to improvements in the following outcomes:

- health-related quality of life for people with food allergy and their families
- recognition and diagnosis of food allergy.

## How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – safety, experience and effectiveness of care – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- [NHS Outcomes Framework 2015–16](#)
- [Public Health Outcomes Framework 2013–16](#).

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

**Table 1** [NHS Outcomes Framework 2015–16](#)

Domain	Overarching indicators and improvement areas
2 Enhancing quality of life for people with long-term conditions	<p><b>Overarching indicator</b></p> <p>2 Health-related quality of life for people with long-term conditions**</p> <p><b>Improvement areas</b></p> <p>Ensuring people feel supported to manage their condition</p> <p>2.1 Proportion of people feeling supported to manage their condition</p>

<p>4 Ensuring that people have a positive experience of care</p>	<p><b>Overarching indicators</b></p> <p>4a Patient experience of primary care</p> <p>i GP services</p> <p>4b Patient experience of hospital care</p> <p>4c <i>Friends and family test</i></p> <p>4d <i>Patient experience characterised as poor or worse</i></p> <p><i>i Primary care</i></p> <p><i>ii Hospital care</i></p> <p><b>Improvement areas</b></p> <p>Improving people's experience of outpatient care</p> <p>4.1 Patient experience of outpatient services</p> <p>Improving access to primary care services</p> <p>4.4 Access to i GP services</p>
<p><b>Alignment with Public Health Outcomes Framework</b></p> <p>** Indicator is complementary</p> <p>Indicators in italics in development</p>	

**Table 2 Public health outcomes framework for England, 2013–16**

Domain	Objectives and indicators
<p>1 Improving the wider determinants of health</p>	<p><b>Objective</b></p> <p>Improvements against wider factors that affect health and wellbeing and health inequalities</p> <p><b>Indicators</b></p> <p>1.3 Pupil absence</p> <p>1.9 Sickness absence rate</p>

4 Healthcare public health and preventing premature mortality	<p><b>Objective</b></p> <p>Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities</p> <p>4.3 Mortality rate from causes considered preventable**</p>
<p><b>Alignment with NHS Outcomes Framework</b></p> <p>** Indicator is complementary</p>	

## *Safety and people's experience of care*

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to food allergy.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services (see the NICE Pathway on [patient experience in adult NHS services](#)), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to people using services. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development sources for quality standards that affect patient experience and are specific to the topic are considered during quality statement development.

## *Coordinated services*

The quality standard for food allergy specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole food allergy care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to people with food allergy.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality food allergy service are listed in [related quality standards](#).



## Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing, caring for and treating people with food allergy should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

## Role of families and carers

Quality standards recognise the important role families and carers have in supporting people with food allergy. If appropriate, healthcare practitioners should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

---

<sup>[1]</sup> Boyce JA, Assa'ad A, Burks AW, et al. (2010) Guidelines for the diagnosis and management of food allergy in the United States. *Journal of Allergy and Clinical Immunology* 126: S1–58

## List of quality statements

Statement 1 Children and young people with suspected food allergy have an allergy-focused clinical history taken.

Statement 2 Children and young people whose allergy-focused clinical history suggests an IgE-mediated food allergy are offered skin prick or blood tests for IgE antibodies to the suspected food allergens and likely co-allergens.

Statement 3 Children and young people whose allergy-focused clinical history suggests a non-IgE-mediated food allergy, and who have not had a severe delayed reaction, are offered a trial elimination of the suspected allergen and subsequent reintroduction.

Statement 4 Children and young people are referred to secondary or specialist allergy care when indicated by their allergy-focused clinical history or diagnostic testing.

Statement 5 (placeholder) Diagnosing food allergy in adults.

Statement 6 (placeholder) Nutritional support for food allergy.

## Quality statement 1: Allergy-focused clinical history

### *Quality statement*

Children and young people with suspected food allergy have an allergy-focused clinical history taken.

### *Rationale*

Food allergy can be difficult to diagnose. An allergy-focused clinical history is a key first step in the diagnosis and can help distinguish between IgE- and non-IgE-mediated reactions. It can help healthcare professionals decide which other tests are needed and how the food allergy should be managed.

### *Quality measures*

#### **Structure**

Evidence of local arrangements and written clinical protocols to ensure that children and young people who present with signs or symptoms of suspected food allergy have an allergy-focused clinical history taken.

*Data source:* Local data collection.

#### **Process**

Proportion of children and young people presenting with suspected food allergy who have an allergy-focused clinical history taken.

Numerator – the number in the denominator who have an allergy-focused clinical history taken.

Denominator – the number of children and young people presenting with suspected food allergy.

*Data source:* Local data collection.

#### **Outcome**

Identification of food allergy.

Data source: Local data collection.

### *What the quality statement means for service providers, healthcare professionals, and commissioners*

**Service providers** (such as primary care providers, emergency services and walk in centres) ensure that healthcare professionals can recognise the signs and symptoms of food allergy in children and young people and can take an allergy-focused clinical history.

**Healthcare professionals** (such as GPs, dietitians, primary care nurses with training and skills in allergy, health visitors, emergency services staff) recognise the signs and symptoms of food allergy in children and young people and take an allergy-focused clinical history as a key step towards diagnosis.

**Commissioners** (clinical commissioning groups and NHS England) ensure that they commission services in which healthcare professionals are able to recognise the signs and symptoms of food allergy in children and young people and take an allergy-focused clinical history.

### *What the quality statement means for patients, service users and carers*

**Children and young people with signs and symptoms of food allergy** (and their parents or carer if appropriate) are asked about symptoms and lifestyle to try to find out if they have a food allergy and what should happen next.

### *Source guidance*

[Food allergy in under 19s: assessment and diagnosis](#) (2011) NICE guideline CG116, recommendation 1.1.3

### *Definitions of terms used in this quality statement*

#### **Allergy-focused clinical history**

An allergy-focused clinical history should be taken by a healthcare professional with the appropriate competencies (either a GP or other healthcare professional such as a dietitian, primary care nurse or health visitor) and should be tailored to the presenting symptoms and age of the child or young person. It should include:

- what the suspected allergen is
- any personal history of atopic disease (asthma, eczema or allergic rhinitis)
- any individual and family history of atopic disease (such as asthma, eczema or allergic rhinitis) or food allergy in parents or siblings
- cultural and religious factors that affect the foods eaten
- details of any foods that are avoided and the reasons why
- who has raised the concern and suspects a food allergy
- an assessment of presenting symptoms and other symptoms that may be associated with food allergy (see recommendation 1.1.1 in the NICE guideline on [food allergy in under 19s](#)), including questions about:
  - age when symptoms first started
  - speed of onset of symptoms after contact with the food
  - duration of symptoms
  - severity of reaction
  - frequency of occurrence
  - setting of reaction (for example, at school or home)
  - reproducibility of symptoms on repeated exposure, including whether common allergenic foods such as milk, eggs, peanuts, tree nuts, soy, wheat and seafood are usually eaten without symptoms happening
  - what food and how much exposure to it causes a reaction
- details of any previous treatment, including medication, for the presenting symptoms and the response to this
- any response to eliminating and reintroducing foods
- the child or young person's dietary history, whether they were breastfed or formula-fed and the age of weaning
- details of the mother's diet if the child is currently being breastfed.

[Adapted from NICE's guideline on [food allergy in under 19s](#), recommendation 1.1.3]

## Suspected food allergy

Recommendations 1.1.1 and 1.1.2 in the NICE guideline on [food allergy in under 19s](#) give details of the signs and symptoms that should lead healthcare professionals to suspect food allergy in a child or young person.

The NICE clinical knowledge summary on [cows' milk protein allergy in children](#) and the British Society of Allergy and Clinical Immunology's [cow's milk allergy guideline](#) give further guidance on when to suspect cows' milk allergy.

[Expert opinion]

## Quality statement 2: Diagnosing IgE-mediated food allergy

### *Quality statement*

Children and young people whose allergy-focused clinical history suggests an IgE-mediated food allergy are offered skin prick or blood tests for IgE antibodies to the suspected food allergens and likely co-allergens.

### *Rationale*

If an allergy-focused clinical history suggests an IgE-mediated food allergy, skin prick or blood tests are needed to confirm the diagnosis. A positive test on its own simply shows sensitisation to a food allergen. The diagnosis of clinical allergy depends on the selection and performance of the appropriate test and the interpretation of the results in the context of the clinical history by a healthcare professional with training and skills in this area.

### *Quality measures*

#### **Structure**

Evidence of local arrangements and written clinical protocols to ensure that children and young people whose allergy-focused clinical history suggests an IgE-mediated food allergy are offered skin prick or blood tests for IgE antibodies to the suspected food allergens and likely co-allergens.

**Data source:** Local data collection.

#### **Process**

Proportion of children and young people whose allergy-focused clinical history suggests an IgE-mediated food allergy who have skin prick or blood tests for IgE antibodies to the suspected food allergens and likely co-allergens.

Numerator – the number in the denominator who have skin prick or blood tests for IgE antibodies to the suspected food allergens and likely co-allergens.

Denominator – the number of children and young people whose allergy-focused clinical history suggests an IgE-mediated food allergy.

**Data source:** Local data collection.

## Outcome

a) Incidence of IgE-mediated food allergy.

*Data source:*Local data collection.

b) Children and young people with IgE-mediated food allergy who feel, or whose families feel, able to manage their condition.

*Data source:*Local data collection.

### *What the quality statement means for service providers, healthcare professionals and commissioners*

**Service providers** (such as primary, community and secondary care providers) ensure that staff can direct, perform and interpret skin prick and blood tests for IgE antibodies to food allergens and co-allergens in children and young people with suspected IgE-mediated food allergy. These may be done in primary or community care if staff in the service have the expertise to perform and interpret the tests; otherwise there should be agreed local pathways for referral to secondary care. Services performing skin prick tests should have facilities to deal with anaphylactic reactions.

**Healthcare professionals** with training and skills in selecting, performing and interpreting skin prick and blood tests (such as GPs, nurses or dietitians) offer children and young people skin prick or blood tests for IgE antibodies to food allergens and co-allergens if an allergy-focused clinical history suggests an IgE-mediated food allergy. Healthcare professionals should only perform skin prick tests if there are facilities to deal with anaphylactic reactions.

**Commissioners** (clinical commissioning groups and NHS England) commission services that offer children and young people skin prick or blood tests for IgE antibodies to food allergens and co-allergens if an allergy-focused clinical history suggests an IgE-mediated food allergy. Commissioners ensure (for example, through their contracts with providers) that healthcare professionals have undertaken training in selecting, performing and interpreting skin prick and blood tests for IgE antibodies.

### *What the quality statement means for patients, service users and carers*

**Children and young people who are thought to have a food allergy caused by IgE antibodies** are offered either skin prick or blood tests to confirm the diagnosis.



## Source guidance

[Food allergy in under 19s: assessment and diagnosis \(2011\) NICE guideline CG116](#), recommendations 1.1.5 and 1.1.9

## Definitions of terms used in this quality statement

### IgE-mediated food allergy

Allergic reactions caused by IgE antibodies are often immediate and have a rapid onset. Signs and symptoms of IgE-mediated food allergy are given in recommendation 1.1.1 of the NICE guideline on [food allergy in under 19s](#).

### Skin prick test and blood tests for specific IgE antibodies

Skin prick tests should only be undertaken where there are facilities to deal with an anaphylactic reaction.

[Adapted from NICE's guideline on [food allergy in under 19s](#), recommendation 1.1.7]

The choice between a skin prick test and a specific IgE antibody blood test should be based on:

- the results of the allergy-focused clinical history and
- whether the test is suitable for, safe for and acceptable to the child or young person (or their parent or carer) and
- the available competencies of the healthcare professional to undertake the test and interpret the results.

[Adapted from NICE's guideline on [food allergy in under 19s](#), recommendation 1.1.8]

Guidance on performing and interpreting tests can be found in the British Society of Allergy and Clinical Immunology's [cow's milk allergy guideline](#) and [egg allergy guideline](#).

[Expert opinion]

## Quality statement 3: Diagnosing non-IgE-mediated food allergy

### *Quality statement*

Children and young people whose allergy-focused clinical history suggests a non-IgE-mediated food allergy, and who have not had a severe delayed reaction, are offered a trial elimination of the suspected allergen and subsequent reintroduction.

### *Rationale*

If an allergy-focused clinical history suggests a non-IgE-mediated food allergy, a trial elimination of a suspected allergen (followed by reintroduction) is important to confirm the diagnosis. Elimination of a food allergen may resolve or significantly improve symptoms and reintroduction may cause a recurrence or a further significant exacerbation. Elimination and reintroduction is not suitable for children and young people who have experienced severe delayed reactions; they should be referred to secondary or specialist care.

### *Quality measures*

#### **Structure**

Evidence of local arrangements and written clinical protocols to ensure that children and young people whose allergy-focused clinical history suggests a non-IgE-mediated food allergy, and who have not had a severe delayed reaction, are offered a trial elimination of the suspected allergen and subsequent reintroduction.

**Data source:** Local data collection.

#### **Process**

Proportion of children and young people whose allergy-focused clinical history suggests a non-IgE-mediated food allergy, and who have not had a severe delayed reaction, who are offered a trial elimination of the suspected allergen and subsequent reintroduction.

**Numerator** – the number in the denominator who are offered a trial elimination of the suspected allergen and subsequent reintroduction.

**Denominator** – the number of children and young people whose allergy-focused clinical history suggests a non-IgE-mediated food allergy, and who have not had a severe delayed reaction.

**Data source:** Local data collection.

## Outcome

a) Incidence of non-IgE-mediated food allergy.

**Data source:** Local data collection.

b) Children and young people with non-IgE-mediated food allergy who feel, or whose families feel, able to manage their condition.

**Data source:** Local data collection.

## *What the quality statement means for service providers, healthcare professionals, and commissioners*

**Service providers** (such as primary care providers) ensure that healthcare professionals offer a trial elimination of a suspected food allergen, with reintroduction after the trial, to children and young people if an allergy-focused clinical history suggests a non-IgE-mediated food allergy and they have not had a severe delayed reaction.

**Healthcare professionals** (such as GPs, primary care nurses, health visitors and paediatricians) offer a trial elimination of a suspected food allergen, with reintroduction after the trial, to children and young people if an allergy-focused clinical history suggests a non-IgE-mediated food allergy and they have not had a severe delayed reaction. Healthcare professionals should have a good understanding of nutritional intake, timings of elimination and reintroduction, and follow-up. Healthcare professionals offer children and young people (and their parents or carers if appropriate) information on:

- what foods and drinks to avoid
- how to interpret food labels
- alternative sources of nutrition to ensure adequate nutritional intake
- the safety and limitations of an elimination diet
- the proposed duration of the elimination diet
- when, where and how an oral food challenge or food reintroduction may be undertaken

- the safety and limitations of oral food challenge or food reintroduction.

**Commissioners** (clinical commissioning groups and NHS England) commission services that offer trial elimination and reintroduction of allergens to children and young people if an allergy-focused clinical history suggests non-IgE-mediated food allergy and they have not had a severe delayed reaction.

### *What the quality statement means for patients, service users and carers*

Children and young people who are thought to have a food allergy that is not caused by IgE antibodies are offered a trial of cutting out the food thought to cause the allergy (known as elimination) with introduction of the food again at a later date. This is to confirm the diagnosis.

### *Source guidance*

Food allergy in under 19s: assessment and diagnosis (2011) NICE guideline CG116, recommendations 1.1.11 and 1.1.17

### *Definitions of terms used in this quality statement*

#### **Non-IgE-mediated food allergy**

This is generally characterised by delayed reactions. Non-IgE-mediated reactions are poorly defined but are believed to be mediated by T-cells. Signs and symptoms of non-IgE-mediated food allergy are given in recommendation 1.1.1 of the NICE guideline on food allergy in under 19s.

#### **Trial elimination of the suspected allergen**

Trial elimination of the suspected allergen would normally be for 2–6 weeks, followed by reintroduction. Advice should be sought from a dietitian with specialist training, about adequate nutritional intake, timings of elimination and reintroduction, and follow-up. For people undergoing investigation for coeliac disease, see NICE's guideline on coeliac disease.

[Adapted from NICE's guideline on food allergy in under 19s, recommendation 1.1.11]

Advice on diagnosing non-IgE-mediated cows' milk allergy can be found in NICE's clinical knowledge summary on cows' milk protein allergy in children and the British Society for Allergy and Clinical Immunology's guidance on cow's milk allergy.

[Expert opinion]

## Quality statement 4: Referral to secondary or specialist care

### *Quality statement*

Children and young people are referred to secondary or specialist allergy care when indicated by their allergy-focused clinical history or diagnostic testing.

### *Rationale*

When indicated for children and young people, referral to secondary or specialist allergy care can lead to a confirmed diagnosis and can help to avoid prolonged anxiety about which foods are safe. It will also reduce the risk of further allergic reactions and nutritional problems because of inappropriate care.

### *Quality measures*

#### **Structure**

Evidence of local arrangements and written clinical protocols to ensure that children and young people are referred to secondary or specialist allergy care if indicated by their allergy-focused clinical history or diagnostic testing.

**Data source:** Local data collection.

#### **Process**

Proportion of children and young people who are referred to secondary or specialist allergy care if their allergy-focused clinical history or diagnostic testing indicates a need for a referral.

Numerator – the number in the denominator who are referred to secondary or specialist allergy care.

Denominator – the number of children and young people who have an allergy-focused clinical history or diagnostic testing that indicates a need for a referral to secondary or specialist allergy care.

**Data source:** Local data collection.

## Outcome

a) Identification of food allergy.

**Data source:** Local data collection.

b) Children and young people with food allergy who feel, or whose families feel, able to manage their condition.

**Data source:** Local data collection.

### *What the quality statement means for service providers, healthcare professionals, and commissioners*

**Service providers** (primary, community and secondary care providers) ensure that there are local arrangements for children and young people to be referred to secondary or specialist allergy care if this is indicated by their allergy-focused clinical history or diagnostic testing. Liaison between primary care and local allergy services can establish agreed local pathways of care.

**Healthcare professionals** (such as GPs) refer children and young people to local secondary or specialist allergy care if this is indicated by their allergy-focused clinical history or diagnostic testing.

**Commissioners** (clinical commissioning groups and NHS England) commission services with agreed local pathways to refer children and young people to secondary or specialist allergy care if this is indicated by their allergy-focused clinical history or diagnostic testing.

### *What the quality statement means for patients, service users and carers*

**Children and young people** are offered a referral to a specialist if their symptoms or results of tests suggest that specialist opinion is needed to diagnose food allergy and find out the best treatment for them.

## Source guidance

Food allergy in under 19s: assessment and diagnosis (2011) NICE guideline CG116, recommendation 1.1.17

## *Definitions of terms used in this quality statement*

### **Indications for referral to secondary or specialist allergy care**

Based on the allergy-focused clinical history, referral to secondary or specialist allergy care should be considered in any of the following circumstances:

- The child or young person has:
  - faltering growth in combination with one or more of the gastrointestinal symptoms described in recommendation 1.1.1 of the NICE guideline on [food allergy in under 19s](#)
  - not responded to a single-allergen elimination diet
  - had 1 or more immediate systemic reactions
  - had 1 or more severe delayed reactions
  - confirmed IgE-mediated food allergy and concurrent asthma
  - significant atopic eczema where multiple or cross-reactive food allergies are suspected by the parent or carer.
  
- There is:
  - persisting parental suspicion of food allergy (especially in children or young people with difficult or perplexing symptoms) despite a lack of supporting history
  - strong clinical suspicion of IgE-mediated food allergy but allergy test results are negative
  - clinical suspicion of multiple food allergies.

[NICE's guideline on [food allergy in under 19s](#), recommendation 1.1.17]

### **Secondary or specialist allergy care**

Children and young people for whom referral is indicated need to be seen by allergy specialists with appropriate competencies. These will include professionals working in specialist allergy services and secondary care professionals who have expertise in food allergy in children and young people.

[Expert opinion]



Selecting the right allergy clinic is important because not all allergy clinics offer comprehensive services for food allergy and some see adults or children only. Details of local allergy services are available from the [British Society for Allergy and Clinical Immunology](#) or from the [NHS website service search](#).

### *Equality and diversity considerations*

When referring children and young people to specialist allergy clinics, any potential difficulties in access such as, travelling distance, disability or financial barriers should be taken into account.

## Quality statement 5 (placeholder): Diagnosing food allergy in adults

### *What is a placeholder statement?*

A placeholder statement is an area of care that has been prioritised by the Quality Standards Advisory Committee but for which no source guidance is currently available. A placeholder statement indicates the need for evidence-based guidance to be developed in this area.

### *Rationale*

Food allergy can be more complex to diagnose in adults than in children and young people, and often involves multiple foods, allergic comorbidities (such as asthma, allergic rhinitis and atopic eczema), and reactions to food that happen only with a co-factor (for example, with exercise). In adults, distinguishing food allergy from food intolerance and conditions such as irritable bowel syndrome can be difficult; misdiagnosis results in inappropriate referrals to secondary care. Improved diagnosis of food allergy (both IgE- and non-IgE-mediated) in adults can greatly reduce healthcare burden, save NHS resources and improve quality of life.

## Quality statement 6 (placeholder): Nutritional support for food allergy

### *What is a placeholder statement?*

A placeholder statement is an area of care that has been prioritised by the Quality Standards Advisory Committee but for which no source guidance is currently available. A placeholder statement indicates the need for evidence-based guidance to be developed in this area.

### *Rationale*

Children with food allergy have a greater risk of growth impairment, and those who are avoiding more than 1 food, or who already have suboptimal growth, may be likely to benefit from expert nutritional advice. Adults with food allergy may also be able to benefit from dietary advice to optimise their nutritional intake and improve their quality of life.

## Using the quality standard

### *Quality measures*

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

See NICE's [how to use quality standards](#) for further information, including advice on using quality measures.

### *Levels of achievement*

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

NICE's [quality standard service improvement template](#) helps providers to make an initial assessment of their service compared with a selection of quality statements. It includes assessing current practice, recording an action plan and monitoring quality improvement.

### *Using other national guidance and policy documents*

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in [development sources](#).

## Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between healthcare practitioners and people with food allergies, and their families or carers (if appropriate), is essential. Treatment, care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with food allergies and their families or carers (if appropriate) should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

## Development sources

### *Evidence sources*

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

[Food allergy in under 19s: assessment and diagnosis \(2011\) NICE guideline CG116](#)

### *Policy context*

It is important that the quality standard is considered alongside current policy documents, including:

- NHS England (2013) Specialised Immunology and Allergy Services Clinical Reference Group service specification. [Specialised allergy services \(all ages\)](#)
- NHS England (2013) Specialised Paediatric Services Clinical Reference Group service specification. [Paediatric medicine: specialised allergy services](#)
- World Allergy Organization (2013) [WAO white book on allergy: update 2013](#)
- Royal College of Paediatrics and Child Health (2011) [Allergy care pathways for children: food allergy](#)
- Department of Health (2007) [Government response to the science and technology committee report on allergy](#)

## Related NICE quality standards

### *Published*

- [Emergency and acute medical care in over 16s](#) (2018) NICE quality standard 174
- [Drug allergy](#) (2015) NICE quality standard 97
- [Atopic eczema in under 12s](#) (2013) NICE quality standard 44
- [Asthma](#) (2013) NICE quality standard 25

### *Future quality standards*

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Readmission to ICU within 48 hours

The full list of quality standard topics referred to NICE is available from the [quality standards topic library](#) on the NICE website.

## Quality Standards Advisory Committee and NICE project team

### *Quality Standards Advisory Committee*

This quality standard has been developed by Quality Standards Advisory Committee 4. Membership of this committee is as follows:

**Miss Alison Allam**

Lay member

**Dr Harry Allen**

Consultant Old Age Psychiatrist, Manchester Mental Health and Social Care Trust

**Mrs Moyra Amess**

Associate Director, Assurance and Accreditation, CASPE Health Knowledge Systems

**Mrs Jane Bradshaw**

Neurology Nurse Consultant, Nationwide

**Mr Derek Cruickshank**

Consultant Gynaecological Oncologist/Chief of Service, South Tees NHS Foundation Trust

**Dr Allison Duggal**

Consultant in Public Health, Public Health England

**Dr Nadim Fazlani**

Chair, Liverpool Clinical Commissioning Group

**Mr Tim Fielding**

Consultant in Public Health, North Lincolnshire Council

**Mrs Frances Garraghan**

Lead Pharmacist Antimicrobials, Central Manchester Foundation Trust

**Mrs Zoe Goodacre**

Network Manager, South Wales Critical Care Network

**Ms Nicola Hobbs**



Assistant Director of Quality and Contracting, Northamptonshire County Council

**Mr Roger Hughes**

Lay member

**Ms Jane Ingham**

Chief Executive Officer, Healthcare Quality Improvement Partnership

**Mr John Jolly**

Chief Executive Officer, Blenheim Community Drug Project, London

**Dr Asma Khalil**

Consultant in Maternal and Fetal Medicine and Obstetrics, St George's Medical School

**Professor Damien Longson (Chair)**

Consultant Liaison Psychiatrist, Manchester Mental Health and Social Care Trust

**Mrs Annette Marshall**

Independent Patient Safety Nurse, Palladium Patient Safety

**Dr Rubin Minhas**

GP Principal, Oakfield Health Centre, Kent

**Mr Alaster Rutherford**

Primary Care Pharmacist, NHS Bath and North East Somerset

**Mr Michael Varrow**

Policy and Analysis Officer, Association of Directors of Adult Social Services, London

**Mr David Weaver**

Head of Quality and Safety, North Kent Clinical Commissioning Group

The following specialist members joined the committee to develop this quality standard:

**Dr Elizabeth Angier**

GP, NHS Sheffield Teaching Hospital

**Dr Trevor Brown**

Consultant in Paediatric Medicine, The Ulster Hospital, Northern Ireland

**Mrs Sue Clarke**

Nurse Advisor Anaphylaxis Campaign and Health Visitor, SEPT West Essex

**Ms Mandy East**

Lay member

**Dr Pamela Ewan**

Consultant Allergist, Cambridge University Hospitals NHS Foundation Trust

**Dr Isabel Skypala**

Consultant Allergy Dietitian and Clinical Lead for Food Allergy, Royal Brompton and Harefield NHS Foundation Trust

### *NICE project team*

**Associate Director**

Nick Baillie

**Consultant Clinical Adviser**

Karen Slade

**Programme Manager**

Esther Clifford

**Project Manager**

Jenny Mills

**Technical Adviser**

Tony Smith

**Technical Analyst**

Thomas Walker

**Coordinator**

Lisa Nicholls

## Update information

### Minor changes since publication

**September 2018:** Changes have been made to align this quality standard with the NICE guideline on [food allergy in under 19s](#). Definitions for statements 1 to 3 were updated and an additional source guidance recommendation was added for statement 3.

## About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards [process guide](#).

This quality standard has been incorporated into the NICE Pathway on [food allergy in children and young people](#).

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

ISBN: 978-1-4731-1779-2

## *Endorsing organisation*

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

## *Supporting organisations*

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Anaphylaxis Campaign](#)

- British Society for Allergy and Clinical Immunology
- Royal College of Physicians
- Royal College of General Practitioners