NICE National Institute for Health and Care Excellence

NICE quality standard

Food allergy

Quality standard
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This standard is based on CG116.

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

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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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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 different audiences

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 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.

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. NICE guideline CG116 (2011),

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 British Society of Allergy and Clinical Immunology's guideline on cow's milk allergy gives 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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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 different audiences

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 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.

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. NICE guideline CG116 (2011), 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 guidelines on cow's milk allergy and egg allergy. [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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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 different audiences

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 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.

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. NICE guideline CG116 (2011), 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 to 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 the British Society for Allergy and Clinical Immunology's guideline on cows' 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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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 different audiences

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 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.

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. NICE guideline CG116 (2011), 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 find a clinic search 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.

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.

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, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standards advisory committees for details about our standing committees. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard 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.

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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 UK
- British Society for Allergy and Clinical Immunology
- Royal College of Physicians (RCP)
- Royal College of General Practitioners (RCGP)