

SHORT REPORT

Follow-up survey of general practitioners' perceptions of UK allergy services

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Abstract

Background: A UK survey of general practitioners (GPs) in 2002 found that they perceived allergy care throughout the UK National Health Service (NHS) to be poor. We conducted a follow-up survey in 2009 to see if GPs' perceptions had changed.

Objectives: To determine GP perceptions of allergy care in the NHS in the wake of recent Government reports into allergy care, and to compare the findings of this survey to a similar survey conducted in 2002.

Methods: A cross-sectional postal survey of 500 UK GPs was conducted, using an adapted version of the 2002 questionnaire, modified to reflect recent developments in primary care.

Results: We obtained valid responses from 149 GPs, 87% of whom were based in England. 74% were GP principals and 63% worked in training practices. Most GPs (71%; 95%CI 63-79) rated overall NHS allergy care as poor, expressing concern about both primary care and access to allergy specialists. There were no significant differences in GPs' perceptions of the quality of allergy care provided in primary ($p=0.33$) and secondary care ($p=0.97$) or access to specialists ($p=0.37$), between 2002 and 2009.

Conclusion: This survey suggests that recent professional and parliamentary reviews have not led to any notable improvements in GP perceptions of UK NHS allergy services between 2002 and 2009.

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The full version of this paper, with online Appendix, is available at www.thepcrj.org

Introduction

Allergic disorders are now extremely common in the UK, with recent data indicating that approximately one-third of the general population has been diagnosed with an allergic condition at some point in their lives.^{1,2} The proportion of children experiencing allergic problems is significantly higher than this (approximately 50%).³

The vast majority of patients suffering from allergic disorders are treated in the community, and care for the majority of these

patients will be provided almost exclusively by their general practitioner (GP) and/or practice nurse.⁴ However, concern has been expressed repeatedly about the lack of allergy knowledge amongst, and the training of, many primary healthcare professionals, thus resulting in poor quality of care.⁵ The shortage in specialist allergy service provision has also been highlighted repeatedly as a contributory factor to the poor outcomes experienced by patients with allergic problems.⁶ Consequently, the majority of patients will have no local access to allergy specialists; some will be referred to organ-based specialists whilst those with multiple allergic problems may end up seeing a number of consultants.⁷

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In 2002, the British Society of Allergy & Clinical Immunology commissioned a UK survey of GPs which contributed to the Royal College of Physicians' (RCP) report, *Allergy: the unmet need*.⁸ A summary of the main findings from this work was reported in the peer-reviewed literature.⁹ The survey found that the majority of GPs perceived the provision of National Health Service (NHS) allergy care in both primary and secondary care sectors to be poor. Based on this survey (and other related work), the RCP called for an urgent review of allergy services.⁸ Since then, a number of UK Government reports have highlighted the need for improvements in allergy services, particularly in allergy training for primary healthcare professionals and access to specialist care.^{4,6,10}

At the request of the House of Lords Allergy Implementation Working Party, we conducted a follow-up survey of GPs' perceptions of UK allergy care. We also compared the findings of this present survey with those from the original study conducted seven years earlier.

Methods

We conducted a cross-sectional descriptive postal survey employing similar methods to those used in our earlier survey.⁹ To construct our sampling frame, we obtained a database of all members of the Royal College of General Practitioners (RCGP) and from this we randomly selected 500 GPs. This was achieved by obtaining a list of RCGP members, shuffling this list to ensure that it was randomly ordered, and then selecting every 16th member. These selected GPs were sent an anonymous confidential questionnaire with an accompanying letter from the Chairman of the RCGP and a stamped addressed envelope. To optimise response rates, non-respondents were followed up with two additional mailings over a three-week period. A demographic profile of UK GPs¹¹ indicates that 19% are members of the RCGP and that RCGP members are significantly younger and more likely to be female than the full UK GP population.

The survey did not involve any potentially invasive procedures on individuals and therefore ethical permission was not required. The GPs were fully informed and participated voluntarily with their responses kept confidential and anonymous so that they are not individually identifiable in any report or publication.

The questionnaire (see Appendix 1, available online at www.thepcrj.org) was essentially the same as that used in the

2002 survey, which had been developed in consultation with an extensive range of healthcare specialists including GPs and allergy specialists. The main modifications made were to add a question about whether GPs thought that bringing anaphylaxis within the ambit of the Quality and Outcomes Framework (QOF) would help improve anaphylaxis care, and to reduce the overall length of the questionnaire.

Descriptive statistics were used to summarise the main findings; the Chi-square test was used to compare findings with the earlier survey.

Results

Out of the 500 questionnaires distributed, 158 (32%) were returned. Nine GPs did not complete the questionnaire due to ill-health or retirement. Therefore, from the 491 GPs who were potentially eligible, we obtained completed questionnaires from 149 (30%). Of these, 74% were GP principals, 19% were salaried, 5% were locums, 1% were assistants and 1% were retainees. The mean practice size was 16,654 patients. 87% of the GPs practised in England, 7% in Wales, 5% in Scotland and 1% in Northern Ireland. 63% of responding GPs worked in training practices and 5% had access to a primary care-based expert in allergy (a GP or nurse with a special interest).

There was no significant difference between responding and non-responding GPs with respect to either age ($p=0.16$) or sex ($p=0.11$). Respondents were also comparable to the full RCGP member population with respect to age ($p=0.06$) and sex ($p=0.11$).

Most GPs (71%; 95%CI 63-79) rated the overall provision of allergy care by the NHS as poor (Table 1); more than half of GPs rated allergy care as poor in primary care (54%; 95%CI 45-62) and in secondary care (56%; 95%CI 48-64) (see Table 1).

Only a small minority of GPs offered skin prick testing (3%; 95%CI 0-6), whilst 64% (95%CI 56-72) reported availability of specific-IgE testing.

Over half (52%; 95%CI 44-60) thought that QOF incentives for anaphylaxis care would not translate into improvements in care provision.

Respondents reported that only 29% (95%CI 22-36) of GPs or their partners, and 9% (95%CI 4-13) of nurses, had received allergy training. Only 27% (95%CI 20-35) of GPs expressed interest in undergoing further allergy training, but almost half

Table 1. Comparison of GPs' opinions on the overall quality of NHS allergy care in 2002 and 2009, measured on a 10-point Likert scale.

Care setting	2002 Mean (sd)	2009 Mean (sd)	2002 Rated Poor (scores 1-5) n (%; 95%CI)	2009 Rated Poor (scores 1-5) n (%; 95%CI)	P-value
Primary care	5 (1.8)	5.2 (2.0)	135 (59%; 52-64)	76 (54%; 45-62)	$p=0.33$
Secondary care	5 (2.1)	5.0 (2.1)	143 (62%; 56-68)	81 (56%; 48-64)	$p=0.93$
Access to specialist care	4 (2.1)	3.8 (2.1)	186 (80%; 75-85)	115 (79%; 73-86)	$p=0.37$
Care throughout the NHS	4 (1.9)	4.5 (1.8)	180 (82%; 76-86)	94 (71%; 63-79)	$p=0.11$

(40%; 95%CI 33-48) thought they would benefit from such education.

The results showed no significant differences between the 2002 and 2009 surveys in terms of GPs' perceptions of the quality of allergy care provided in primary and secondary care, access to specialists, or overall provision of allergy care by the NHS (see Table 1).

Discussion

The results of this survey suggest that recent professional and parliamentary reviews (including the House of Lords) have not led to any notable improvements in GPs' perceptions of NHS allergy services.^{4,6,8,10} Concerns are still being expressed by a clear majority of GPs about the quality of primary and secondary care, access to allergists, and NHS allergy care overall.

The main strengths of this survey are the random sampling of GPs from throughout the UK, the multi-disciplinary input into the questionnaire design, and the updated information it provides on GPs' views of allergy care.

Limitations of this study include the lower response rate than in 2002. This is possibly due to a combination of recent changes in UK General Medical Services contracts for GPs, which financially rewards certain tasks (with the possible neglect of other non-incentivised tasks), and GPs' current burden of clinical and administrative work, including work relating to the recent swine flu epidemic. Nevertheless, the characteristics of responding and non-responding GPs were similar with respect to both age and sex, suggesting that the results are likely to be generalisable to the wider 8,000 GPs who are members of the RCGP. But it is also possible that GPs who had taken the trouble to complete the questionnaire had a particular reason for doing so – either because they have a special interest in allergy care or because they look after patients who have had particularly bad experiences of NHS allergy care; in which case, generalising from these results is more difficult. However, given the very low numbers of GPs registered as having a special interest in allergy on the RCGP database (n=5), the former reason seems unlikely.

Other limitations include the nature of the RCGP membership database used in this study, which comprises 19% of the total number of UK GPs.¹¹ This was different from the commercial database used in the 2002 survey (which was also not directly comparable to the UK GP population). This does therefore limit the potential to compare findings between the two time periods. However, although the results from both surveys cannot necessarily be extrapolated to the UK GP population as a whole, the remarkably similar results suggest that the nature of the databases is unlikely to have had a major impact on our findings. Finally, the questionnaire (see Appendix 1) used visual Likert scales ranging from poor at one end to excellent at the opposite end, which may in some cases have influenced the scoring of the respondents' opinions.

Conclusion

This study suggests that GPs believe that the current provision of allergy services is very similar to that in 2002 and that problems still persist throughout the NHS. The House of Lords Allergy Implementation Working Group needs to ensure that the previous recommendations – which still stand – are now implemented. However, this is likely to prove even more difficult to achieve than previously because of the economic squeeze on the NHS. Nevertheless, until these recommendations are implemented, it is likely that many patients with allergic problems will continue to receive sub-optimal care.

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Potential conflict of interests

AS is a member of the House of Lords Allergy Implementation Working Group and is the RCGP's Allergy Clinical Champion. MLL is the Editor-in-Chief of, and AS is an Assistant Editor of, the *PCRJ*; neither were involved in the editorial review of, nor the decision to publish, this article.

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Appendix 1: Study questionnaire



ALLERGIC DISEASES
SURVEY QUESTIONNAIRE

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SECTION A – ALLERGY CARE

1 What do you think of the overall quality of NHS care for people with allergic disorders? (1 = terrible 10 = excellent)

Primary Care	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>
Secondary Care	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>
Access to Specialists	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>
Throughout the NHS	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>

FOR ALL PARTS TO QUESTION 2 PLEASE ANSWER IN RELATION TO BOTH ADULTS AND CHILDREN

2a Does your practice have access to a local dedicated allergy clinic that provides a comprehensive service for people suffering from allergic diseases such as asthma, rhinitis, eczema, venom requiring desensitisation, food allergy or anaphylaxis?

<i>Children:</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
<i>Adults:</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>

2b How far is this hospital/clinic from you? (miles)

<i>Children:</i>
<i>Adults:</i>

2c What is the current waiting time for a routine appointment?

<i>Children:</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Days	Don't Know	<input type="checkbox"/>
<i>Adults:</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Days	Don't Know	<input type="checkbox"/>

2d What is the current waiting time for an emergency appointment?

<i>Children:</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Days	Don't Know	<input type="checkbox"/>
<i>Adults:</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Days	Don't Know	<input type="checkbox"/>

3 Does your practice offer skin prick tests for investigation of possible allergy?

Yes No Don't Know

4 Does your practice have direct access to serum-specific IgE tests (RAST) to investigate possible allergy?

Yes No Don't Know

If yes, do you use these?

Yes No Don't Know

5 Do you have a special interest in any allergic disorder(s)?

Yes No Don't Know

If yes, which in particular?

6 Do you have access to primary care-based expertise in allergy (e.g. GP with a special interest or an allergy nurse specialist)?

Yes No Don't Know

7 Have you or any of your partners received any training in the management of allergic disorders?

Yes No Don't Know

If yes, at which level

Undergraduate Postgraduate Diploma Degree Short course

Who provided the course and what did it entail?

8 Would you be interested in undergoing further training to take on a post as a GP with a special interest in allergy?

Yes No Don't Know

9 Would you, a partner or another member of the practice team benefit from training in allergy?

You Another Doctor Your nurse Another member
(please specify)

If yes, please describe the training you think is needed

How could this be delivered?

10 Have any of your practice nurses undergone any training in allergy?

Yes No Don't Know

If yes, at which level

Undergraduate Postgraduate Short course

Who provided the training and what did it entail?

11 On a scale of 1 to 10, how would you rate your own confidence in providing care to your patients with the following problem? (1 = no confidence at all 10 = extremely confident)

a ASTHMA

Diagnosis 1 2 3 4 5 6 7 8 9 10

Treatment 1 2 3 4 5 6 7 8 9 10

b ALLERGIC RHINITIS

Diagnosis 1 2 3 4 5 6 7 8 9 10

Treatment 1 2 3 4 5 6 7 8 9 10

c ANAPHYLAXIS

Diagnosis 1 2 3 4 5 6 7 8 9 10
 Treatment 1 2 3 4 5 6 7 8 9 10

d URTICARIA

Diagnosis 1 2 3 4 5 6 7 8 9 10
 Treatment 1 2 3 4 5 6 7 8 9 10

e ANGIOEDEMA

Diagnosis 1 2 3 4 5 6 7 8 9 10
 Treatment 1 2 3 4 5 6 7 8 9 10

f FOOD ALLERGY

Diagnosis 1 2 3 4 5 6 7 8 9 10
 Treatment 1 2 3 4 5 6 7 8 9 10

g DRUG ALLERGY

Diagnosis 1 2 3 4 5 6 7 8 9 10
 Treatment 1 2 3 4 5 6 7 8 9 10

h VENOM ALLERGY

Diagnosis 1 2 3 4 5 6 7 8 9 10
 Treatment 1 2 3 4 5 6 7 8 9 10

12a On a scale of 1 to 10, how would you rate your own confidence in providing care to young children who react to foods and have special dietary requirements? (1 = no confidence at all 10 = extremely confident)

Diagnosis 1 2 3 4 5 6 7 8 9 10
 Treatment 1 2 3 4 5 6 7 8 9 10

12b Do have any children in your practice diagnosed with multiple food allergies?

Yes No Don't Know

If yes, approximately how many of them do you manage them yourself?

All Most Some Few None

If applicable, where do you refer these children? (delete as appropriate)

Discipline/Hospital

Yes No Don't Know

If yes, approximately how many of them do you manage yourself?

All Most Some Few None

If applicable, where do you refer these children? (delete as appropriate)

Discipline/Hospital

12d Do you have any children in your practice with dietary or growth problems that you believe may be related to allergies?

Yes No Don't Know

If yes, approximately how many of them do you manage yourself?

All Most Some Few None

If applicable, where do you refer these children? (delete as appropriate)

Discipline/Hospital

13 Do you feel that the awarding of Quality & Outcomes Framework (QOF) points would help to improve the care of patients with a history of anaphylaxis?

Yes No Don't Know

14 Do you currently prescribe adrenaline auto-injectors (e.g. Epi-pen) to patients at risk of anaphylaxis?

Yes No Don't Know

15 Are you confident in advising patients/carers how and when to use their adrenaline auto-injectors?

Yes No Don't Know

SECTION B – YOU AND YOUR PRACTICE

1 Sex Male Female

2 Age Years

3 Do you suffer from any allergic conditions?
Yes No Don't Know

4 In which year did you obtain your primary medical qualification?

5 What is your ethnic origin?
White Black Caribbean Black African Asian

If other please state; _____

6 Are you a member of any of the following?
The Royal College of GPs The GPIAG
The Royal College of Physicians The BSACI

7 Please select from the following which best describes you
GP Principal GP Retainer
Assistant Locum
Salaried GP If other please state _____

8 What is the patient size of your practice?

9 What is the name of your PCT? _____

10 How many whole time equivalent doctors work in the practice?

11 What is the practice post-code?

12 Do you work in 'training' practice? Yes No

Please feel free to make any further comments about allergy provision in the UK