

# Improving Quality in Allergy Services

## Accreditation standards and evidence requirements consultation summary

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This document summarises the outcomes of the Improving Quality in Allergy Service (IQAS) standards consultation. A summary of the key decisions is given for each domain. Only standards which were raised for discussion by the IQAS clinical lead or a member of the IQAS working group have been included for brevity. The anonymity of those who participated in the consultation has been maintained.

Standard numbers in the left-hand column refer to the consultation version of standards, prior to amendments. The decision of the working group (and its rationale, if appropriate) is described in the right-hand column.

### Background

The IQAS standards and evidence requirements consultation was launched in March 2014 and was open for eight weeks. Responses were received from clinicians, specialist societies, royal colleges and charities from or connected to the allergy community. The sign-off process – as outlined in the initial invitation – required the collation and review of all comments by the IQAS clinical lead with a view to discussing the feedback at the May 2014 working group meeting. Amendments recommended by the working group were made to the standards document and a final version was presented to the RCP-RCPATH Joint Committee on Immunology and Allergy (JCIA) in June 2014, as the responsible group for IQAS. The JCIA signed off the standards in June 2014 and agreed to the proposed next steps required to deliver the IQAS accreditation scheme (eg the development of a web-based tool and the design of the assessment process and relevant documentation).

The standards have been aligned with existing national recommendations where possible, though some areas do not currently have a national standard, guideline or evidence-based consensus. In these areas, the working group drew on the data collected from the registration scheme and their own extensive experience of running allergy services. It was therefore acknowledged that the scheme will need to be closely monitored in these areas when it is launched.

The standards are not set in stone and will be periodically reviewed, and can change over time to incorporate new national recommendations or respond to an increase in the quality of allergy service delivery.

## Consultation outcomes summary

Domain 1: Patient Experience	
1.1	The working group agreed that the A standard should be deleted. The requirement of a patient involvement committee to advise on all aspects of the services was removed because feedback indicated that this was unrealistic. The working group agreed that patient involvement should include engagement and feedback but these are distinct from a formal committee.
1.2	Following discussion, the working group agreed that this standard should not be amended.
1.5	Turn around for letters amended to seven and 14 days for A and B standards respectively.
1.8	The B standard was amended to reflect that there is a nurse who is competent to deliver allergy education.
Domain 2: Service Structure	
2.1	The wording of the A standard was amended to 'produced to a high standard' as 'professionally produced' was agreed to sound misleading.
2.2	It was agreed that a service must have at least two consultants (equivalent to 2.0 WTE or 1.0 WTE for A and B standards respectively). The consultants must have appropriate expertise and be in good standing with the trust. It was agreed that this standard will be monitored closely when the accreditation scheme is launched to ensure that the level of the bar is appropriate.
2.3	The A standard was amended to clarify that there needs to be a minimum of two specialist nurses totalling 1.0 WTE, as opposed to one specialist nurse.
2.5	Following discussion, the working group agreed that this standard should not be amended.
2.8	>1000 was amended to >320. This was an error in the consultation document.
2.9	The working group agreed that this standard should be deleted, as new:follow-up ratios differ widely across the country and it is not a proxy for quality. The standard that followed it was also renumbered.
Domain 3: Facilities	
3.1	This standard was reworded as it was agreed that older buildings (as opposed to modern) do not necessarily make for poorer services. A reference to patient-led assessment of care environment (PLACE) has also been included.

<b>3.3</b>	Following discussion, the working group agreed that this standard should not be amended.
<b>3.4</b>	The working group agreed that the A standard should be deleted. The B standard was also reworded.
<b>3.8</b>	Following discussion, the working group agreed that this standard should not be amended.
<b>General</b>	The working group agreed that standards 3.4-6 should not be merged.
<b>Domain 4: Quality and Safety</b>	
<b>4.1</b>	The A standard was reworded to 'review within a reasonable timeframe' and that this standard should be monitored when the scheme launches.
<b>4.2</b>	The A standard was reworded to remove 'recommended by IQAS' and 'procedures' was added. Exemplar SOPs will be made available through the IQAS knowledge management system (KMS) on the webtool.
<b>4.7 &amp; 4.10</b>	Compliance with local information governance and data protection policies included as part of the standard. The working group agreed that it is good practice to share decisions with colleagues in relation to potentially dangerous procedures and, therefore, the guidance note stating evidence that cases have been discussed should remain.
<b>4.9</b>	Following a significant discussion, it was acknowledged that this area is particularly difficult and needs to be kept under review. The working group agreed not to amend the standard at this time but recommended that it should be monitored when the scheme is launched.
<b>Domain 5: Audit and Research</b>	
<b>5.1 &amp; 5.3</b>	Standards 5.1 and 5.3 were merged as they overlapped significantly.
<b>5.4</b>	The standard statement was deleted, as suggested.
<b>Domain 6: Training and Development</b>	
<b>6.2</b>	The working group agreed that staff appraisal should be separated from staff CPD and that attendance at major allergy meetings would be more appropriately confined to consultants. The reference to appraisals and revalidation was moved to 2.2 (consultants delivering the service).

<b>6.2 &amp; 6.3</b>	It was agreed that ideally there should be defined competencies for these standards but it was acknowledged that these do not currently exist (though they are in development and could be included in a future iteration).
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