

SPECIAL ARTICLE

Inadequacies in UK primary care allergy services: national survey of current provisions and perceptions of need

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The UK has some of the highest prevalence rates of allergic conditions in the world, with over 20% of the population affected by one or more allergic disorder [1, 2]. In contrast to many industrialized countries, almost all allergic disorders are managed in the UK within primary care where they are responsible for an estimated 8% of general practice consultations [3]. Lack of training of general practitioners (GPs) in meeting this role, difficulties in accessing allergy testing, and the dearth of allergy specialists have all been cited as possible barriers to high quality care, and may explain, in part at least, why increasing numbers of patients are seeking care outside the National Health Service (NHS) [4]. To inform current deliberations on ways of improving NHS allergy care, we investigated GPs' views on quality of primary and secondary care for people with allergic disorders, facilities for allergy testing within their practices, confidence in managing a range of allergic conditions and perceptions of training needs.

Methods and results

We surveyed a randomly selected sample of 500 UK GPs identified from all registered GP principals in the UK using a semi-structured confidential postal questionnaire developed and piloted by a multi-disciplinary team of GPs, nurses and allergists [5]. Non-responders were followed up with up to two written reminders and one phone reminder.

Twenty GPs were not contactable because of retirement or ill health. Of the 480 eligible GPs, 240 (50%) responded. Respondents had a mean age of 46 years (SD 9 years) and 137 (57%) were male. There was no significant difference between respondents and non-respondents with respect to gender or age.

Most GPs ($n = 181/222$; 81.5%; 95% CI 76–86%) judged NHS care for people with allergy to be of poor quality, highlighting deficiencies in primary and secondary care provision (Table 1).

Only 4% ($n = 9$) of respondents stated that their practices offered skin prick testing for investigation of possible allergy whereas 65% ($n = 157$) had direct access to serum-specific IgE (RAST) testing, with 68% ($n = 107$) of these indicating they had used RAST on at least one occasion. Most GPs rated highly their confidence in managing asthma, allergic rhinitis, angioedema, anaphylaxis, urticaria and drug allergy. They

expressed concern, however, in their ability to diagnose and manage children with allergic problems, and food and venom allergy.

Eighty percent ($n = 185$) rated overall access to allergy specialists as poor with only 26% ($n = 62$) reporting availability of a local allergy clinic; median reported access times for these practices were 7 days [inter-quartile range (IQR) 6–8.5 days] for emergency assessments and 144 days (IQR 60–300 days) for routine appointments.

Half ($n = 118$) of respondents had undergone training in managing allergic problems, mostly (78%) as undergraduates. Fifty-seven percent ($n = 137$) felt that they and/or their colleagues would benefit from further training; the most favoured options being daylong taught evidence-based courses, distance learning courses, Internet clinic attendance and in-house workshops.

Comment

The main strengths of our survey were the multi-disciplinary input into questionnaire design and the UK wide random sampling procedures employed. Although the response rate was relatively low, there were no significant age and gender differences between responders and non-responders suggesting that responders were likely to be broadly representative of all UK GPs.

The overwhelming majority of GPs felt that current allergy services within the NHS is poor, citing lack of suitable training for primary care staff and difficulties in accessing specialists as important barriers to improving standards of care. This latter finding reflects the fact that there are only six

Table 1. GP opinions regarding overall quality of NHS care for people with allergy disorders, measured on a 10-point Likert scale

Quality of service	Respondents <i>n</i> (%)	Median (IQR)	Proportion (%) rating care as poor (scores 1–5)	Proportion (%) rating care as good (scores 6–10)
Primary care	232 (96.7)	5 (4–7)	58.6	41.4
Secondary care	231 (96.3)	5 (3–6)	61.5	38.5
Access to specialists	232 (96.7)	3 (2–5)	79.7	20.3
Overall score for NHS	222 (92.5)	4 (3–5)	81.5	18.5

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fully staffed dedicated allergy clinics in the UK with provision of one consultant allergist per approximately two million of the population this comparing with rates of around one per 100 000 for other specialities such as cardiology and gastroenterology [4]. Other identified barriers to promoting high-quality allergy care within primary care include real or perceived lack of expertise in, and facilities for, investigating allergic conditions and managing specific areas most important of which are children and adults with suspected and/or proven food allergy.

These findings provide an evidence-base from which to develop national educational programmes for GPs and their staff and, furthermore, underscore the need for urgent review of specialist allergy care provision.

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Conflict of interest

None known.

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