Government Response to the House of Lords Science and Technology Committee Report on Allergy – 6th Report of Session 2006–07

Presented to Parliament by the Secretary of State for Health
by Command of Her Majesty
November 2007

Cm 7255

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Contents

Introduction

The House of Lords Science and Technology Committee published its Report on Allergy on 26 September 2007. This Command Paper sets out the Government's response to the conclusions and recommendations in that report.

The Department of Health has co-ordinated the response, which also includes contributions from the Department for Business, Enterprise and Regulatory Reform, the Department for Children, Schools and Families, the Department for Communities and Local Government, the Department for Environment, Food and Rural Affairs, the Department for Work and Pensions, the Health and Safety Executive and the Food Standards Agency.

The Government welcomes the Committee's report, which highlights allergy as an issue that needs to be addressed by a range of stakeholders, including the Government. The Government recognises the importance of allergy and is committed to playing its part in helping to alleviate the burden of allergic disorders. This Command Paper refers to some of the strategies being developed and employed to do so.

Response to the Recommendations

KEY RECOMMENDATIONS

Allergy centres

10.1 We recommend that at least one allergy centre, led by a full time allergy specialist, should be established in each Strategic Health Authority. These centres would act as clusters of expertise of those with an interest in allergy, and should each contain a chest physician, dermatologist, ENT specialist, clinical immunologist, gastroenterologist, occupational health practitioner and paediatrician. Specialist nurses and dieticians trained in allergy would also be core team members. (9.40)

This recommendation and the following nine all concern allergy centres and are closely inter-related. The composite response to all ten follows recommendation 10.10.

10.2 Each allergy centre should provide the diagnostic facilities necessary to investigate complex allergies, and should ensure that those who perform these tests have received accredited allergy training. Parallel clinics could avoid the need for multiple referrals and separate visits to hospital for those with multi-system allergic disease. Regular multi-disciplinary team meetings will ensure knowledge is shared and complex cases are discussed. This places the needs of the patient first, allowing rapid accurate diagnosis that informs comprehensive patient management plans. The inclusion of paediatric allergists within allergy centres will ensure that children with allergic conditions are treated appropriately and will enable a smooth transition from paediatric to adult allergy care. (9.41)

10.3 Once a diagnosis is obtained and a treatment plan developed at the allergy centre, the patient's disease can often be managed back in primary or general secondary care. However, patients with severe or complex allergic conditions may need long-term follow-up from specialists in the allergy centre. Allergen immunotherapy by injection should always be carried out by specialists within the allergy centre because of the risk of anaphylaxis. (9.42)

10.4 New allergy centres should enhance and build on existing pockets of excellence to bring together existing clinics and specialists, and to develop and expand upon the services already offered. Where specialist allergist posts already exist, these allergists will be key to the new allergy centres and should take the administrative lead with the appropriate time commitment. In other areas, new allergist posts should be established. (9.43)

10.5 Allergy centres should be distributed nationwide, but it is not necessary for every allergy centre to provide every service; some should become national reference centres for less common allergies, such as anaesthetic allergy. Therefore patients may need to travel a relatively long distance to a national reference centre for their condition, for accurate diagnosis and management planning. The patient should then be referred back to their local service and primary care practitioners for ongoing management. (9.44)

10.6 Collaboration between clinicians in primary, secondary and tertiary care is key to improving the diagnosis and management of people with allergic conditions. Once established, the allergy centre in each region should encourage and co-ordinate the training of local GPs and other healthcare workers in allergy. In a "hub and spokes" model, the allergy centre, or "hub," would act as a central point of expertise with outreach clinical services, education and training provided to doctors and nurses in primary and secondary care, the "spokes." In this way, knowledge regarding the diagnosis and management of allergic conditions would be disseminated throughout the region. In regions where there are GPwSI in allergy, they should also play a role in the "hub" of the allergy centre. (9.45)

10.7 The allergy centre should act as a lead in providing public information and advice. Specialists at the centre should work in collaboration with allergy charities, schools and local businesses to provide education and training courses for allergy patients, their families, school staff and employers, in how to prevent and treat allergic conditions. Feedback between patient groups and allergy centres would enable the allergy centres to assess whether they were providing the necessary services, and would ensure that the advice offered by patient groups was accurate and updated in the light of rapidly changing scientific evidence. (9.46)

10.8 We recommend that the Department of Health should establish a lead Strategic Health Authority, preferably not in the South of England, which would work with its Primary Care Trusts to develop the first allergy centre. A full cost analysis should be integral to this to assess the efficacy of diagnosing and managing allergy using the "hub and spokes" model. Improved education of clinicians in allergy, with an accurate diagnosis recorded on the Systemised Nomenclature of Medicine (SNOMED) system, should assist a thorough cost analysis to be carried out. The lessons learnt from the pilot allergy centre should then be used to inform the development of further allergy centres in other regions. (9.51)

10.9 Once established, allergy centres in different regions should have a contractual obligation to share the resources they develop, such as standard operating procedures, clinical guidelines and patient information. The lead Strategic Health Authority should ensure that there are national reference centres for rarer allergic conditions such as some occupational disorders or adverse drug reactions. (9.52)

10.10 The lead allergist in each allergy centre should be responsible for maintaining a patient database to support clinical research within their region. The Office for Strategic Coordination of Health Research and the Translational Medicine Funding Board should work with the lead Strategic Health Authority to support clinical research in the allergy centres and coordinate national research projects. The establishment of allergy centres would provide the clinical environment to undertake future clinical evaluations of immunotherapy and complementary therapies. (9.53)

The Committee's call for at least one allergy centre, led by a full time allergy specialist, to be established in each Strategic Health Authority (SHA) echoes a key recommendation in the House of Commons Health Committee's 2004 report on the provision of allergy services. That recommendation, in turn, endorsed a proposal by the Royal College of Physicians.

In response to the Health Committee's report, the Department of Health carried out a thorough review of the available data and research on the epidemiology of allergic conditions, the demand for and provision of treatment and the effectiveness of relevant interventions. It concluded that the absence of baseline data on the profile of services for allergy and the cost made it difficult to develop a strategic national view of how and where services could be developed.

The Department's review team was unable to identify any published examples of whole-systems modelling of services for people with allergy. Similarly, there has been no analysis of the effects of active demand management of patient flows in allergy care, a situation exacerbated by the absence of agreed service models and protocols, plus the presence of differing perspectives of professional groups. Such information will be essential in order to make meaningful comments on the existing and desirable capacity of services for allergy.

The Department also concluded that future development and provision of services for allergy would require a much clearer understanding of the skills and competences needed from a diverse workforce, to ensure high quality and cost-effective care at all stages of the patient's journey.

The Department of Health review outlined the range of existing service provision for allergy. This includes more than 90 allergy clinics in England, which are led by a range of specialists including allergists, clinical immunologists, respiratory physicians and dermatologists. The review recognised that secondary care allergy services vary, for example in numbers of outpatient clinics undertaken and types of patients being seen, and that the geographical distribution of allergy clinics is unequal, with a relative paucity in the North and the South West.

Given the range of needs for allergy care, it is unlikely that any one service model is always better than another or more cost-effective. Thus, health commissioners should work with service providers in their local health economies to develop effective networks and collaborative partnerships that can deliver the best overall outcomes for patients. This requires co-ordination and co-operation, and an explicit approach to assessment and referral (and subsequent funding) according to agreed standards.

Local need is what will determine how allergy services should be provided. In the devolved National Health Service, Primary Care Trusts (PCTs) – which understand local requirements and needs – take responsibility for establishing the healthcare needs of their local populations and meeting those needs, in the light of local priorities. The Committee's report adds to the evidence that will help them to do so.

Nevertheless, the Committee's recommendation that the Department of Health should establish a lead SHA for allergy merits careful consideration, in that it might provide a mechanism for increasing co-ordination and co-operation. We shall explore the feasibility of this approach with interested parties, including SHAs and specialised commissioning groups.

In doing so, we shall look further at the Committee's specific proposal that the lead SHA, if one is established, should work with its PCTs to develop a pilot allergy centre. The SHA and its PCTs would need to evaluate, in the light of local needs and priorities, whether such a centre would be likely to be more beneficial to people suffering from allergies than other possible models for enhancing local services.

Professional education

10.11 It is vital that the Health and Safety Executive works with the Department of Health to ensure that medical practitioners are adequately educated in the diagnosis and treatment of occupational allergic disorders. We support the work of the Group of Occupational Respiratory Disease Specialists convened by the HSE, which has developed a standard of care document for the diagnosis of occupational asthma, and recommend that the Health and Safety Executive should work with stakeholders to produce a similar document for occupational allergic skin disease. (9.9)

The Health and Safety Executive (HSE) recognises the importance of working with medical practitioners and other interested parties, to help improve early recognition and effective preventative action for occupational allergic disorders. HSE is committed to working with stakeholders to achieve improvements in occupational health and will do so to encourage the development of a standard of care document for occupational dermatitis.

10.12 The development of NICE clinical guidelines for the diagnosis and management of allergic conditions is no substitute for improving the training of those in primary care. We recommend that the Royal Colleges should work together to ensure that the training undergraduate medical students receive enables them to recognise the role of allergy in disease processes and to refer patients appropriately. It is imperative that general practitioners develop their allergy knowledge through continuing professional development and as part of their membership of the Royal College of General Practitioners. (9.47)

The Department of Health's review of services for allergy recognised the importance of GPs and others in primary care having sufficient clinical knowledge and support systems to recognise allergy in the early stages, and being able to differentiate between serious allergies requiring specialist interventions and those that can be managed in primary care.

Following its review, the Department has made a number of proposals to the National Institute for Health and Clinical Excellence (NICE) for allergy-related guidance topics, covering such areas as diagnosis and management of allergy, anaphylaxis and asthma. So far, none of these topics has been judged to be of a sufficient priority against other proposals to warrant inclusion in NICE's work programme. However, the Department and NICE are currently working up more focused allergy proposals which will be fed back into the NICE topic selection process.

The Department of Health is not responsible for setting curricula for health professional training. However, it does share a commitment with statutory and professional bodies that all health professionals are trained, so that they have the skills and knowledge to deliver a high quality health service to all groups of the population with whom they deal, whatever their condition.

For doctors, the General Medical Council has the statutory responsibility to determine the extent of knowledge and skills required for the granting of primary medical qualifications in the UK.

Post-registration learning and Continuing Professional Development are vital elements in creating a workforce that will deliver more flexible and personalised health and social care services, such as those proposed in the *Our health, our care, our say* White Paper.

10.13 The Royal Colleges, the postgraduate Deans, the Postgraduate Medical Education and Training Board and the British Society for Allergy and Clinical Immunology, should also work together to develop generic quality assured clinical postgraduate courses in allergy, for doctors in both primary and secondary care and for nurses and others, particularly those wishing to become an accredited specialist in allergy. (9.48)

The Government would encourage the Royal Colleges to work together with the bodies responsible for medical training at all levels, in order to ensure that the knowledge and expertise of those working with people with allergies are enhanced.

Clinical skills are very much at the heart of effective care. For this reason, the report of the Department of Health's review of services for allergy recommended that early attention should be focused on the knowledge and skills of all clinical staff.

The Department of Health has commissioned Skills for Health to develop National Occupational Standards for staff involved in allergy. These will be available for employers and education and training providers to integrate into training programmes. The Department has also asked the Royal College of Paediatrics and Child Health to develop care pathways for children with allergic symptoms. These will guide health professionals in providing diagnosis and appropriate treatment.

Research and product development

10.14 Although high quality research into cellular and molecular mechanisms of allergy is advancing, the factors contributing to allergy development and the "allergy epidemic," are poorly understood. It is imperative that further research should focus on the environmental factors, such as early allergen exposure, which may contribute to the inception, prevention or exacerbation, of allergic disorders. Long-term cohort studies are a vital part of this research, and interventional studies are key to verifying the role which these factors may play. We look to the development of the Office for Strategic Coordination of Health Research to improve the co-ordination and funding for these types of projects. (7.26)

The Department of Health (through the National Institute for Health Research, NIHR), the Medical Research Council (MRC) and the Food Standards Agency are actively supporting research in these areas, and the level of that investment is increasing.

New studies funded in 2007 and other developments specifically address the Committee's concerns. The Food Standards Agency is collaborating with the MRC to fund a major new clinical intervention study on the effects of early weaning on food allergy. The NIHR Biomedical Research Centre at the Guy's and St Thomas' NHS Foundation Trust/King's College London, formed this year, will undertake research on asthma and allergy, including studies on immunotherapy, new therapeutic strategies, and the early origins of disease. The NIHR has allocated £4.7 million over five years to the Centre for this purpose. In addition, the Biomedical Research Centre at the Imperial College Healthcare NHS Trust is being funded to undertake research to identify novel targets for the prevention and treatment of childhood allergy and asthma.

The additional funding streams introduced as part of the implementation of *Best Research for Best Health* open up substantial opportunities for researchers. The Government hopes this will encourage the research community to develop the high quality proposals that will ensure those opportunities are fully exploited.

The Office for Strategic Coordination of Health Research (OSCHR) will, meanwhile, work with the relevant Government departments to set the Government's health research strategy, taking into account the advice, priorities and needs of the NIHR, the MRC and the National Health Service. OSCHR will work through two Boards, one of which – the Public Health Research Board – will be responsible for developing a single strategy for public health research. Plans for this Board are being developed.

10.15 We are concerned that the knowledge gained from cellular and molecular research is not being translated into clinical practice. We therefore regard allergy research directly related to health care to be an area of unmet need that requires greater priority. The Translational Medicine Funding Board must ensure that allergy research is applied to develop novel individualised treatments. The cost of a central disease registry may be too high to warrant investment. Therefore, a comprehensive patient database within each allergy centre will be key to epidemiological and other studies, and is best maintained by ownership at a local level. (7.27)

The Translational Medicine Board was established by the Office for Strategic Coordination of Health Research in July 2007. It will be responsible for developing a single strategy for Government-funded translational research.

The UK's capacity to undertake such research is being strengthened as a result of the UK Clinical Research Collaboration's Initiative in Experimental Medicine. The funding partners include the UK health departments, the Wellcome Trust and the Medical Research Council (MRC) and funding totals £134 million. This is to support the development of new infrastructure and to fund new research and training in experimental medicine. In addition, the MRC will work with the allergy research community to link advances in the understanding of the immune system and novel technologies more effectively to clinically orientated research in allergy.

The MRC has contributed a further £15 million through the Experimental Medicine 2 call for proposals to fund research on the early testing and exploration of new ways of treating and preventing ill health. This is an open competition to which allergy researchers can apply and it may be repeated in 2008.

The National Institute for Health Research Health Technology Assessment and Service Delivery and Organisation programmes commission research that provides evidence about the effectiveness of healthcare treatments and that improves practice in the organisation and delivery of health services. The Government will draw the Committee's recommendation to the attention of each of these programmes.

10.16 Immunotherapy is a valuable resource in the prophylactic treatment of patients with life-threatening allergies, or whose allergic disease does not respond to other medication. Although initially expensive, immunotherapy can prevent a symptomatic allergic response for many years, and may prevent the development of additional allergic conditions, so its wider use could potentially result in significant long-term savings for the NHS. We recommend that NICE should conduct a full cost-benefit analysis of the potential health, social and economic value of immunotherapy treatment. (8.9)

The Department of Health is working with the National Institute for Health and Clinical Excellence (NICE) on proposals for a topic on immunotherapy for consideration as part of NICE's future work programme. The relative importance of the topic and the priority for guidance will need to be considered alongside all other topic proposals. If immunotherapy is given sufficient priority, Ministers will consider it for referral to NICE.

Food

10.17 It is imperative that environmental health officers, trading standards officers and catering workers are adequately and comprehensively trained in practical allergen management. We welcome the development of a training programme by the Food Standards Agency and recommend that the FSA should work with other training providers to produce consistent practical training courses of a high standard. (6.28)

Since January 2007, the Food Standards Agency has been running a series of training workshops to help raise awareness of food allergy issues among enforcement officers. This training has been well received and is being extended to include an e-learning module on the Agency's website. In addition, the Agency is currently exploring with relevant professional associations how to expand allergen management training.

10.18 It is imperative that work is carried out to investigate whether peanut consumption or avoidance in early life significantly affects a child's risk of developing peanut allergy. We therefore support the work of the Learning Early About Peanut allergy (LEAP) study. We are very concerned that Department of Health dietary advice regarding peanut consumption for pregnant women and infants is based upon evidence that was reported nine years ago. Recent evidence suggests that this advice has not succeeded in reducing the prevalence of peanut allergy and may indeed be counterproductive. We recommend that this advice should be withdrawn immediately, pending a comprehensive review by the Food Standards Agency and the Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment. (6.57)

The Government is already supporting research on the role of early life exposure to food allergens in the subsequent development of allergies. However, the Government does not accept that it would be appropriate in the meantime to withdraw the advice for at-risk infants on peanut avoidance in early life, without having alternative advice (if appropriate) to put in its place.

Nevertheless, the Government notes the Committee's concern that this advice is nine years old. The Food Standards Agency has therefore commissioned a review of the scientific evidence that has been published in this area since 1998. This process is in accordance with the Office of Science and Technology's Guidelines on Scientific Analysis in Policy Making.

The findings of this review will be submitted to the independent expert advisory Committee on Toxicity (COT), to consider whether or not its existing advice should be amended. The COT consideration is expected to be completed in the second half of 2008, after which the Government will revise its advice as appropriate.

Schoolchildren

10.19 We recommend that the Department for Children, Schools and Families should review the clinical care that hayfever sufferers receive at school, and should reassess the way in which they are supported throughout the examination season. The Department for Children, Schools and Families should also ensure that the provisions made by different schools are fair and consistent. (5.26)

The Joint Council for Qualifications already advises examination boards that pupils who suffer from hay fever may be given special consideration when taking examinations. Applications for special consideration are looked at on a case-by-case basis, with appropriate supporting evidence.

There is no legal duty on schools to provide clinical care, administer medicines to pupils or help pupils self-medicate. Schools will have their own policies. To assist with this, the Department for Education and Skills issued guidance, with the Department of Health, in 2005 on *Managing Medicines in Schools and Early Years Settings*. This should help schools ensure that pupils with medical needs are able to attend school regularly and take part in school activities.

Further Recommendations

Monitoring allergy

10.20 We recommend that the Department of Health should ensure the Systemized Nomenclature of Medicine (SNOMED) system is supported by appropriate training, to ensure its efficacy as a simple consistent classification system to record allergic disease, monitor its prevalence and inform the commissioning of allergy services. (3.8)

The Department of Health acknowledges the importance of implementing a simple, consistent classification system to record allergic disease. However, to achieve this, clinical professional bodies, such as the Royal College of Physicians, will need to ensure that they have agreed how doctors of all types should record allergic disease and associated concepts such as risk factors. These professional record keeping and communication standards do not currently exist. Once this has been achieved, the content of the Systematized Nomenclature of Medicine – Clinical Terms (SNOMED CT) can be reviewed to ensure that all the necessary concepts to describe allergic disease are or will be in place.

The training requirement to ensure the proper use of SNOMED CT is related to the deployment of detailed care record systems by local service providers as part of the National Programme for IT. SNOMED CT is being built into these systems and training will be a local responsibility associated with their deployment. The National Programme for IT recognises the importance of training and has agreements with local service providers to ensure that appropriate training of the trainers is undertaken.

10.21 We welcome the involvement of the Health and Safety Executive in EU working groups to standardise the collection of data on occupational illness. The use of common standards in the diagnosis of occupational allergic conditions would allow international comparisons of disease incidence, and enable the evaluation of disease reduction strategies. We recommend that the Health and Safety Executive should fund The Health and Occupation Reporting network with the full economic cost of its surveillance programmes, and we urge the Government to ensure support for this work in the future. (3.16)

The Health and Safety Executive (HSE) is keen to secure the future of The Health and Occupation Reporting (THOR) network. Agreement has been reached with Manchester University on the scope and cost of the work that it will deliver on HSE's behalf. The agreement guarantees funding of the two surveillance schemes that are most directly involved in the monitoring of allergic disease – SWORD (Surveillance of Work-Related and Occupational Respiratory Disease) and EPI-DERM (surveillance scheme for occupational skin disease). Both these schemes will be funded until 31 December 2011.

In addition, the agreement provides funding for the THOR GP scheme and OPRA (Occupational Physicians Reporting Activity) until 31 December 2010, and SOSMI (Surveillance of Occupational Stress and Mental Ill Health) and MOSS (Musculoskeletal Occupational Surveillance Scheme) until 31 December 2008. Subject to satisfactory resolution of an intellectual property issue raised by the University, both parties will sign a contract in the near future.

Various important issues in the field of occupational health are being investigated as part of HSE's Science and Innovation programme. Funding of THOR beyond the planned contractual arrangements will be considered in the light of the specific nature of the proposed work and the relative merits of other competing areas of research. It is, however, extremely unlikely that HSE will be in a position to fund the THOR network at the level of full economic costs that have been quoted by Manchester University, which are more than twice the level of the costs already agreed.

10.22 Information from children on sensitisation and symptoms is especially important and must be followed up to assess the progression of allergic diseases in order to predict workload. We recommend that future epidemiological studies measure not only the incidence of allergic symptoms, but also record the prevalence of confirmed allergic sensitisation. (4.22)

The Government notes the Committee's recommendation. The Director General of Research and Development at the Department of Health will write to research funders to draw their attention to it.

The air we breathe

10.23 We recommend that the Department of Health should work with the Department for Communities and Local Government to support and encourage controlled trials involving multiple interventions, to examine the effect of ventilation, humidity and mite-reduction strategies on allergy development and control. As chemicals used in the construction industry may play a role in triggering symptoms in some allergic patients, further evaluation of their role is also required in order to inform procurement policies. (5.14)

The Department of Health will ask the National Institute for Health Research Health Technology Assessment programme to do some scoping of this topic. The Department of Health and the Department for Communities and Local Government will discuss the outcome of that work and decide on the next steps.

10.24 As climate change and air pollution may significantly impact upon the development of allergic disease, we support the thrust of the recommendations in the report, Air Quality and Climate Change: A UK perspective. We recommend that when developing policies for industry, transport or housing, the Government should take account of the interlinkages between air quality, climate change and human health. (5.22)

The Government recognises the need to take account of the interlinkages between air quality, climate change and human health when developing policies for industry, transport or housing.

In May 2007, the Department for Trade and Industry published *Meeting the Energy Challenge. A White Paper on Energy*, which sets out to tackle emissions associated with climate change that are generated by the use and production of energy. The improvements in local air pollution and subsequent public health benefits could be between £500 million and £740 million in cumulative terms up to 2020, with the annual benefit in 2020 ranging from £80 million to £120 million, as well as saving 23.4 to 33 million tonnes of carbon by 2020.

The UK Air Quality Strategy, published in July 2007, acknowledges that poor air quality and climate change share many emissions sources, so measures to abate emissions will affect both – additionally giving significant improvements in public health. Air pollution is currently estimated to reduce the life expectancy of every person in the UK by an average of seven to eight months. The measures outlined in the Air Quality Strategy could help to reduce the impact on average life expectancy to five months by 2020. The package of policy measures proposed also has potential carbon benefits of 380,000 tonnes of carbon saved per annum by 2020. The Department for Transport is working closely with the Department for Environment, Food and Rural Affairs and HM Treasury on the measures recommended in the Air Quality Strategy to tighten standards and reduce emissions.

The Department for Communities and Local Government (CLG) also recognises that climate change and other environmental policies, such as air quality, should be considered together, for example using the Building Regulations to reduce the public health threat of summer overheating in houses, and ensuring that energy saving measures do not compromise indoor air quality.

In addition, the draft CLG Planning Policy Statement (PPS) *Planning and Climate Change*, published for consultation in December 2006, sets out clear expectations of regional and local planning to address climate change in conjunction with other economic, social and environmental concerns, including policies on air quality. Promotion of urban green spaces can also play a role, both in policies on climate change and in improving air quality. The final PPS is due to be published later this year.

Schoolchildren

10.25 We support the use of individual care plans for children with medical needs, as described in the Government guidance *Managing Medicines in Schools and Early Years Settings*. However, we are concerned that many teachers and support staff within schools are not appropriately educated in how to deal with allergic emergencies. We recommend that the Department for Children, Schools and Families should audit the level of allergy training these staff receive, and should take urgent remedial action to improve this training where required. (5.33)

Most schools assist pupils' medical needs using teachers on a voluntary basis, or support staff whose conditions of employment may require them to manage pupils' medical needs. The Government does not expect school staff to be medical professionals, although those giving or helping with medical treatment should be trained and insured to do so. It is for local authorities and schools to work with Primary Care Trusts to ensure that staff are trained in appropriate methods.

10.26 We are concerned about the lack of clear guidance regarding the administration of autoinjectors to children with anaphylactic shock in the school environment, and recommend that the Government should review the case for schools holding one or two generic autoinjectors. (5.37)

Managing Medicines in Schools and Early Years Settings states that early years settings, schools, local authorities and Primary Care Trusts (PCTs) should review their current policies and procedures to ensure that all school staff are clear about what to do in a medical emergency. The decision on how many adrenaline devices the school should hold and where to store them has to be made on an individual basis between the head teacher, the child's parents and the medical staff concerned. Although many staff are happy to take on the voluntary role of administering medicines, there is no legal or contractual duty to do so.

Adrenaline autoinjectors are a prescription-only medicine. For a school to hold such an item, either the medicine would have to be prescribed for an individual child or the school would need an agreement with its local PCT for a supply of the medicine under a Patient Group Direction. A Patient Group Direction is a written instruction for the supply and/or administration of a licensed medicine (or medicines) in an identified clinical situation.

Workforce

10.27 We welcome the educational work of the Health and Safety Executive to raise awareness and decrease the risk of occupational allergic disorders amongst employers and staff, and would like to see this work developed. Once allergy centres have been developed we recommend that the HSE should liaise with the occupational allergy specialist in each centre to inform its policies and develop strategies to prevent occupational allergic disorders. (5.53)

The Health and Safety Executive (HSE) welcomes the opportunity to liaise with occupational allergy specialists, wherever they are based. This ensures that HSE continues to have the best evidence on which to base new policies and strategies for the prevention of occupational allergic disorders, and that occupational allergy specialists have HSE's support in improving diagnosis and management more widely in the medical community.

10.28 We are concerned that employees who are forced to leave work due to an occupational allergic disease can remain unemployed for long periods of time. We recommend that job centres should review the way they work with employers, to improve the way in which they can assist these workers to enter retraining schemes and find alternative employment. (5.58)

Jobcentre Plus is a Government agency supporting people of working age from welfare into work. Jobcentre Plus works closely with employers offering a range of services, including advice on equality issues relating to recruitment and selection, guidance on employing people with health problems or disabilities, and developing recruitment solutions.

Jobcentre Plus also delivers a number of programmes to help people with disabilities and health conditions remain in or move into employment, including those with occupational allergies. These programmes include Access to Work, WORKSTEP, Work Preparation, the New Deal for Disabled People and Pathways to Work.

If customers require additional employment support or are concerned about losing their job because of an allergy, they can be referred to a Disability Employment Adviser (DEA). DEAs can also liaise with employers on behalf of their customers, including exploring practical ways to help them keep individuals in their jobs such as offering employees alternative roles, should they exhibit allergic symptoms due to their specific workplace environment.

The Department for Work and Pensions is planning to undertake a public consultation, later this year, about its range of specialist services that help disabled people with complex issues to find, gain or retain paid employment. The consultation proposes reforms to the Job Introduction Scheme, Work Preparation, WORKSTEP and Access to Work programmes and the roles of DEAs in Jobcentre Plus. The proposed reforms will establish a more coherent range of specialist services that can respond more flexibly to the needs of individual disabled people and their employers.

Information for consumers

10.29 Vague defensive warnings on labels for consumers with food allergy can lead to dangerous confusion and an unnecessary restriction of choice. We recommend that the Food Standards Agency should ensure the needs of food allergic consumers are clearly recognised during the review of food labelling legislation being undertaken by the European Union. (6.10)

The Government expects a European Commission proposal on food labelling to be published by the end of 2007. The Food Standards Agency leads for the UK on discussions on this review in Europe. It has ensured that the needs of food allergic consumers are recognised and will continue to do so.

10.30 As sensitivities to various allergens vary widely, we believe that setting standardised threshold levels for package labelling is potentially dangerous for consumers with allergies. Instead, we recommend that food labels should clearly specify the amount of each allergen listed within the European Union directive, if it is contained within the products, and we endorse the Food Standards Agency's initiative to discourage vague defensive warnings. (6.11)

The Government welcomes the Committee's endorsement of the Food Standards Agency's initiative to discourage defensive warnings, but does not accept the recommendation that food labels should clearly specify the amount of each allergen listed within the European Union Directive. It is not clear how providing such information would help consumers, given that sensitivities to allergens vary even within an individual on different occasions.

10.31 The phrases "hypoallergenic" and "dermatologically tested" are almost meaningless, as they only demonstrate a low potential for the products to be a topical irritant. We recommend that such products should warn those with a tendency to allergy that they may still get a marked reaction to such products. (6.21)

In general, any description of a product by a manufacturer or vendor must not be false or misleading. This also applies to labelling, whether provided voluntarily or required by regulation.

There is legislation in place regarding product labelling. The Trade Descriptions Act 1968 makes it an offence for a person, in the course of a business, to apply false or misleading trade descriptions to goods. A trade description for this purpose is an indication, direct or indirect, given by any means about a number of matters in respect of goods, including, for example, statements about their fitness for purpose, strength, performance, behaviour or accuracy. Enforcement of the Act is the responsibility of local authority trading standards services. Any breach of this Act should be reported to the relevant trading standards service.

The Consumer Protection from Unfair Trading Regulations 2007, which implement the Unfair Commercial Practices Directive 2005 (which comes into force on 8 April 2008), will introduce a general prohibition of unfair commercial practices by traders towards consumers. It will help strengthen consumer protection against unfair selling and marketing methods, as well as outright scams. Among the practices specifically prohibited are false claims that a product is able to cure illnesses, dysfunction or malformations.

Advice for allergy sufferers

10.32 Many teenagers and young adults with food allergies sometimes take dangerously high risks when buying food. We therefore recommend that the Department of Health, working with the Food Standards Agency, charities and others, should explore novel ways to educate young people about allergy and the prevention of anaphylaxis. (6.34)

The Food Standards Agency has various initiatives with schools on food and nutrition competencies, which include food allergy issues. The allergy charities, too, have developed a range of ways to promote allergy education to a teenage audience. For example, Asthma UK has developed a website for young people called Kick Asthma, which provides information and advice about asthma management and a message board. Allergy UK undertakes awareness work through the Scouts and Girl Guides. The Anaphylaxis Campaign runs workshops aimed at young people with food allergy, with interactive sessions including discussion and role-play.

The Government recognises the importance of communicating with young people through a variety of media and welcomes these and other approaches that convey important messages about allergy and anaphylaxis.

10.33 We recommend that the education of children about indoor air quality and its role in allergy development, should be a priority for the Interdepartmental Steering Group producing the "Children's Environment and Health Strategy." (6.41)

To fulfil the UK's commitments to the World Health Organization's Children's Environment and Health Action Plan for Europe, a Children's Environment and Health Strategy has been prepared by the Health Protection Agency on behalf of the Department of Health and the Interdepartmental Steering Group on Environment and Health. This provides a brief overview of the current state of children's and young people's health in the UK and an indication of areas that may need to be given higher priority in the future, focusing on specific locations such as schools and homes.

The next step will be a public consultation with main stakeholders, after which the Strategy will be finalised and published early in 2008. How the Strategy is taken forward and translated into actions will be a matter for discussion between relevant Government departments and in the Devolved Administrations.

10.34 Allergy charities play an important role in providing public advice, but must continue to work together and with clinical services to avoid duplication of work, and ensure that consistent, evidence-based policies and public advice are provided. (6.64)

The Government recognises the important contribution of allergy charities. It supports the recommendation that they should continue to work together and with clinical services, in order to maximise their impact and ensure consistency.

10.35 Pharmacists are often consulted by the general public about allergic conditions, and thus lift a significant burden from general practitioners. It is therefore essential that the advice offered regarding allergy is accurate, and should be given by trained pharmacists rather than unqualified assistants. We recommend that as part of the implementation of the Pharmacists and Pharmacy Technicians Order 2007, adequate allergy education should be provided for all pharmacists, to ensure that they provide high quality advice to allergy sufferers. (8.20)

The pharmacy profession is regulated by the Royal Pharmaceutical Society of Great Britain (RPSGB). The Department of Health and the RPSGB welcome the acknowledgement that pharmacists and their teams provide a valuable contribution in relation to allergy. However, they do not believe further legislation is necessary in this area, or that a pharmacist alone should provide advice to patients about allergies.

The RPSGB encourages and supports pharmacists and pharmacy technicians in maintaining their professional practice through its Continuing Professional Development (CPD) scheme. When the Pharmacists and Pharmacy Technicians Order 2007 is implemented, CPD for pharmacists and registered pharmacy technicians will become a statutory requirement.

The RPSGB is very conscious that the knowledge of team members relating to the causes, symptoms and treatments of any condition must be up to date and accurate. Proper and timely referrals to GPs or to accident and emergency facilities, and within the pharmacy team to pharmacists, are of particular importance in relation to allergy.

The RPSGB will shortly review the various education standards relating to pharmacists' qualifications. This review will include all elements of knowledge, skills, attitudes and behaviours. It is anticipated that this will look at any particular aspects relating to allergy. A similar review of education standards for pharmacy technicians will follow. While medicines counter assistants are not directly registered by the RPSGB, they are regulated in that pharmacists are required to ensure that such staff are trained to a minimum level.

The Centre for Pharmacy Postgraduate Education and Allergy UK are collaborating to develop a learning programme to underpin the core knowledge and skills that pharmacists and pharmacy technicians require in order to deal effectively with people with allergy and associated conditions. The programme will comprise three elements: the underlying causes and pathogenesis of allergy, common allergic diseases including their diagnosis, and the holistic management of allergy and allergic disease. The Centre aims to launch the programme in Spring 2008.

Evaluation of complementary techniques

10.36 We recommend that robust research into the use of complementary diagnostic tests and treatments for allergy should examine the holistic needs of the patient, assessing not only the clinical improvement of allergy symptoms, but also analysing the impact of these methods upon patient wellbeing. Such trials should have clear hypotheses, validated outcome measures, risk-benefit and cost-effectiveness comparisons made with conventional treatments. Allergy centres will allow the collection of information about any indirect consequences of misdiagnoses or delayed treatment. (8.33)

The Government accepts that research into the effectiveness of complementary treatment should address the outcomes that the Committee identifies. The Director General of Research and Development at the Department of Health will write to research funders to draw their attention to this recommendation.

10.37 We are concerned both that the results of allergy self testing kits available to the public are being interpreted without the advice of appropriately trained healthcare personnel, and that the IgG food antibody test is being used to diagnose food intolerance in the absence of stringent scientific evidence. We recommend further research into the relevance of IgG antibodies in food intolerance, and with the establishment of more allergy centres, the necessary controlled clinical trials should be conducted. We urge general practitioners, pharmacists and charities not to endorse the use of these products until conclusive proof of their efficacy has been established. (8.40)

The Medicines and Healthcare products Regulatory Agency is aware of only one allergy test kit available over the counter to the public. It has not received reports of any adverse incidents with regard to problems in interpreting the results. Nevertheless, the Government shares the Committee's concerns about the interpretation of allergy self-test results, and supports its call for caution in their use.

Such self-test kits, if placed on the market, must meet the requirements of the Medical Devices Regulations. These specify that the instructions for use should warn of possible false results, and provide guidance on the interpretation of the results and the need for medical advice. The results of the tests must be expressed and presented in a way that is readily understood by a lay person.

Research, including a recently published study funded by the Food Standards Agency on the role of IgG antibodies in food allergy, has shown that an elevated level of specific IgG antibodies cannot reliably be used in the diagnosis of food allergy.

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