

Contents

1. Executive summary

2. Highlights

2.1 Strategy: Effective structure and governance

2.2 Communication and participation: Knowledge and confidence

2.2 Patient experience: Stakeholder communication and engagement

2.3 Audit and Continuous quality improvement

3 Future planning

4 Appendices

- a. Network review and Options
- b. Number of members and organisations attending network meetings.
- c. Meeting slide deck
- d. Compliance with 2010/21 forward plan
- e. Abstract accepted for the British Society of Clinical Allergy and Immunology annual meeting 2020.
- f. Evaluation report for the annual educational programme

1. Executive summary

This annual report from the *North West Paediatric Allergy Managed Clinical Network* summarises the activity and impact of the network, as well as our plans for the coming years. Our network was decommissioned by NHS England, and is now recognised as the North West Paediatric Allergy Managed Clinical Network.

Our vision is to provide evidence-based health care for children with allergies living in the North West of England and North Wales by:

- educating & empowering support groups, charities, healthcare and allied professionals at all levels, and
- conducting research and audit aimed at developing quality improvement measures and more effective 'needs led' prevention and treatment strategies.

We responded to the COVID-19 pandemic by moving online to provide peer support for services and support groups. The network embraced the change to the digital platform. This resulted in its reach and impact increasing. 331 members attended our annual educational event, a 300% increase. The number of participants at network meetings increased to 48, by 100%.

The collection of non-mandated clinical data by our network members has underpinned its work, the results of these have been presented at the National Allergy meeting of the BSACI.

Work on CCG led whole system redesign of pathways for allergies to cow's milk protein was placed on hold as part of the CCG business continuity plans, which is still to restart.

2. Highlights

2.1 Strategy: Effective structure and governance

The planned schedule of network meetings and events were delivered. The network transferred to online platforms, Zoom and MS Teams and in doing so increased the number of members, teams, and organisations. The network remains a leader in co-design with its parent support leads and charities.

Two additional items were delivered, with one unplanned consequence:

- Ensure patient support groups and healthcare professionals had accurate information on COVID-19 and its impact on children with allergies, especially important at the beginning of the pandemic.
- Effective delivery of allergy services initially during COVID-19 and timely restoration of services.
- Liaison with NHS England regarding reportedly low restoration of allergy services.
- The membership of the network has expanded exponentially, with a 300% increase in attendees at education events and 100 in members (Chart 1 & Appendix B). The increase has been focused on infant feeding teams and allied health professionals .

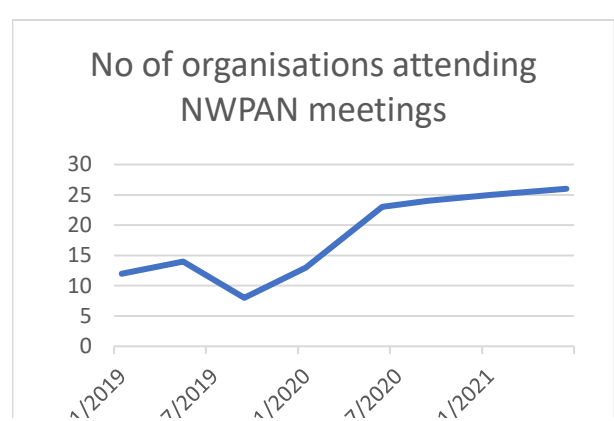
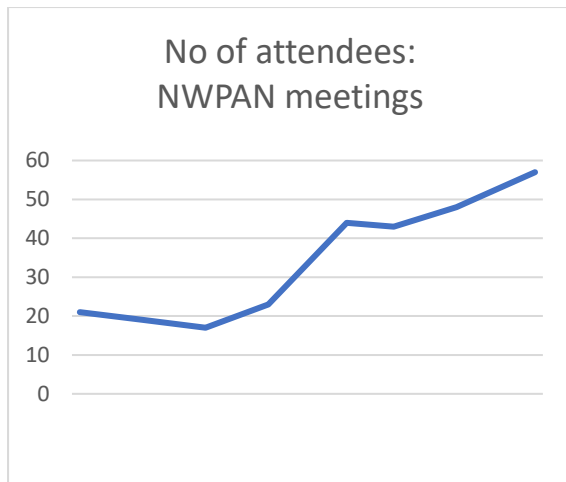


Chart 1: Number of attendees and organisations involved at network meetings from Jan 2019 to Jan 2021.

IMPACT: More than doubling in the number of members, teams, and organisations- change delivered across the full spectrum of the North West.

2.2 Communication and participation: Knowledge and confidence

The network was selected as one of 20 North West kick start projects by the Q Community, delivered by the Health Foundation. This supported the network team gain the skills to deliver large scale effective large educational events online. The programme brought together by Dr M. Gopi, Paediatric Consultant, at the East Cheshire NHS Trust delivered national and local leaders. The online delivery resulted in a 300% increase in attendees, with 74% (244 delegates) engaging with the network for the first time. The programme was recorded and can be viewed by members who were not able to attend or those who would like to re-visit. 79% of delegates rated presentations and content as being very good or excellent, with actions from members to weave into their practice. The full evaluation programme is included as Appendix F.

IMPACT: Practice is underpinned by expert knowledge with leaders providing a catalyst for change.

Network members bring complex, interesting, unusual, or unsolved cases for discussion at each meeting. This year cases have been brought by dietitians, health visitors, paediatricians and paediatric allergists. Case discussion sessions are led by paediatric allergists who share evidence and bring the group to a conclusion based on evidence.

IMPACT: Real-life cases drive change brought by all professions involved in care delivery working in partnership with patient leaders.

2.3 Patient experience: Stakeholder communication and engagement

Developed by a parent, Mr Nick Stafford, the network has a website (www.allergynorthwest.nhs.uk) with dedicated sections for its two distinct audiences: families and healthcare professionals. This provides one set of high-quality information for families, which is used irrespective of the service they are in contact with across the North West England and Wales. We have reviewed all materials in line with new evidence and a programme of planned review. All patient and family resources are reviewed by our support group.

Website analytics have illustrated that there are 2,500 hits / month, most of which are accessed on a mobile (75%) with re-introduction of milk and egg as the most commonly accessed pages.

IMPACT: Individual services use a unified set of patient leaflets. The information being accessed or signposted by healthcare professional and families is easy to digest and accurate.

Secondary and tertiary care services have been mapped illustrated to referrers and families the services available for children and young people. <https://allergynorthwest.nhs.uk/about-us-2/where-we-are/>.

IMPACT: The profile of local secondary care services is available to referrers and patients, utilising and maintaining local expertise and links to local services.

2.4 Audit and Continuous quality improvement

Our network has a non-mandated database that contains a set of information for each out-patient contact. All but two Trusts on the North West and North Wales have signed up. The collection of this data has driven our change in practice. Design and implementation of a database for real-time reporting and analytics of paediatric allergy outpatient clinic attendances and outcomes in the North West of England and North Wales.

Inputting to this database during Covid has been decreased and will be a focus for the network in 2021/22.

Based on network data, one abstract was presented at the RCPCH meeting in 2020 and two will be presented at the British Society of Clinical Allergy and Immunology (BSACI) annual meeting in 2021. The full abstracts can be found in Appendix E.

IMPACT: Change underpinned and driven by clinical data and outcomes. Raising the profile of the network nationally and how we have developed a non-mandated database to underpin change.

3. Future planning for 2021/2022

The Network will continue to support the allergy services, working together with our patient support groups and charities. The delivery of the network will remain online. Consideration to how and if face-to-face activities is required. The value of physical contact to driving change is not underestimated but will only be undertaken should there be a clear rationale.

Our thanks go to every single member of the network for their drive and determination to deliver the best outcome for children and young people.

The key priorities for 2021/2022 are:

Clinical

- CCG led system re-design for cow's milk protein allergy
- Impact and delivery of peanut desensitization and its long-term roll-out
- Delivering effective transition between primary and secondary schools

Educational

- Delivery of education program: topics, study day and case-based discussions
- Ongoing research & Audit

Administrative

- Reducing waiting times for outpatients and day-case food challenges
- Streamlining Network engagement with support group
- Increasing engagement through social media with the public
- Working in collaboration with other allergy networks
- Transfer of the database to the network host

4. Appendices

A. Network review and Options



13 01 impact of
options.pdf

B. Number of members and organisations attending network meetings

Month of meeting	No of attendees	No of organisation
01/2019	21	12
05/2019	19	14
09/2019	17	8
01/2020	23	13
06/2020	44	23
09/2020	43	24
01/2021	48	25
06/2021	57	26

C. Meeting slide deck



NWPAN notes
21.01.pptx

D. Compliance with 2010/21 forward plan



21 06 2021
Forward Plan 2020 :

E. Abstracts accepted for 2020 RPCPH Annual meeting and 2021 BSACI Annual meeting



RPCPH 2020
NWPAN abstract - d.



BSACI Abstract 2021
Post OFC calls.pdf



BASCI abstract 2021
less common food a

F. Evaluation report for the annual educational programme



2021 NWPAN
Annual allergy study