NICE National Institute for Health and Care Excellence

NICE quality standard

Drug allergy

Quality standard
Published: 30 July 2015
www.nice.org.uk/guidance/qs97

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This standard is based on CG183 and CG134.

This standard should be read in conjunction with QS6, QS15, QS85, QS110, QS120, QS118 and QS119.

Introduction

This quality standard covers the diagnosis and management of drug allergy in adults, young people and children. It does not cover treatment of the acute phase, including anaphylaxis, because this will be covered by a separate quality standard. For more information see the drug allergy topic overview.

Why this quality standard is needed

All drugs can cause side effects, also known as 'adverse drug reactions', but not all of these are allergic in nature. Some reactions are idiosyncratic (rare and unpredictable), some are pseudo-allergic (with similar presentation to allergic reactions but different causes) and some are caused by drug intolerance. The British Society for Allergy and Clinical Immunology (BSACI) defines drug allergy as an adverse drug reaction with an established immunological mechanism. It is not always clear from a person's clinical history whether a drug reaction is allergic or non-allergic without investigation. The NICE guideline on drug allergy (CG183) defines drug allergy as any drug reaction with clinical features compatible with an immunological mechanism.

Hospital Episode Statistics (HES) for 1996 to 2000 show that drug allergies and adverse drug reactions accounted for approximately 62,000 hospital admissions each year in England. Between 1998 and 2005, there was an increase in these reactions, with serious adverse drug reactions rising 2.6-fold. Importantly, up to 15% of inpatients have their hospital stay prolonged by an adverse drug reaction.

Diagnosing drug allergy can be challenging and there is considerable variation in management and in access to specialist drug allergy services. This can lead to under diagnosis, misdiagnosis and self-diagnosis. This variation may be caused by a lack of local drug allergy centres or awareness of available services. Some people are never offered a referral to specialist services and stay in primary care. Others have their drug allergy managed in other disciplines. Only a small proportion of people are treated in specialist allergy centres.

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The quality standard is expected to contribute to improvements in the following outcomes:

- patient experience of care
- patient safety incidents reported
- mortality from causes considered preventable
- patient exposure to unnecessary broad-spectrum antibiotics
- antibiotic prescribing and antimicrobial resistance rates.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 3 outcomes frameworks published by the Department of Health:

- Adult Social Care Outcomes Framework 2015–16
- NHS Outcomes Framework 2015–16
- Public Health Outcomes Framework 2013–16.

Tables 1–3 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 The Adult Social Care Outcomes Framework 2015–16

Domain	Overarching and outcome measures

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1 Enhancing quality of life for people with care and support needs	*Overarching measure* 1A Social care-related quality of life* *Outcome measures* People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs 1B Proportion of people who use services who have control over their daily life
Aligning across the health and care system * Indicator complementary	

Table 2 NHS Outcomes Framework 2015–16

Domain	Overarching indicators and improvement areas
2 Enhancing quality of life for people with long-term conditions	*Overarching indicator* 2 Health-related quality of life for people with long-term conditions** *Improvement areas* Ensuring people feel supported to manage their condition 2.1 Proportion of people feeling supported to manage their condition**

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4 Ensuring that people have a positive experience of care	*Overarching indicator* 4a Patient experience of primary care i GP services 4b Patient experience of hospital care *Improvement areas* Improving people's experience of outpatient care 4.1 Patient experience of outpatient services Improving access to primary care services 4.4 Access to i GP services
5 Treating and caring for people in a safe environment and protecting them from avoidable harm	*Overarching indicators* *5a Deaths attributable to problems in healthcare* *5b Severe harm attributable to problems in healthcare* *Improvement areas* Improving the culture of safety reporting 5.6 Patient safety incidents reported
Alignment with Adult Social Care Outcomes Framework ** Indicator is complementary *Indicators in italics are in development*	

Table 3 Public health outcomes framework for England, 2013–16

Domain	Objective and indicator

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4 Healthcare public health and preventing premature mortality	***Objective*** Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities ***Indicator*** 4.3 Mortality rate from causes considered preventable**
Alignment with NHS Outcomes Framework **Indicator is complementary	

Patient experience and safety issues

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to drug allergy.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services (see the NICE pathway on patient experience in adult NHS services), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to patients and service users. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development source for quality standards that affect patient experience and are specific to the topic are considered during quality statement development.

Coordinated services

The quality standard for drug allergy specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole drug allergy care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to people, including children and young people, with a drug allergy.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a

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high-quality drug allergy service are listed in related quality standards.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing, caring for and treating people with drug allergy should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting people with a drug allergy. If appropriate, healthcare professionals should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

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List of quality statements

Statement 1. People with suspected drug allergy have their drug reaction documented using the structured assessment guide.

Statement 2. People with a new diagnosis of drug allergy are advised to carry structured information about their drug reaction at all times.

Statement 3. People with a suspected or confirmed anaphylactic reaction, or severe non-immediate cutaneous reaction to a drug, or reaction to a general anaesthetic are referred to a specialist drug allergy service.

Statement 4. People with drug allergy have their status documented in their electronic medical record using the recommended coding framework.

Statement 5. People with a new diagnosis of drug allergy who are being referred or discharged have their drug allergy status updated in all GP referral and hospital discharge letters.

Statement 6 (devlopmental). People with a drug allergy have information included on their prescriptions about which drugs or drug classes to avoid.

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Quality statement 1: Documentation using the structured assessment guide

Quality statement

People with suspected drug allergy have their drug reaction documented using the structured assessment guide.

Rationale

After a person has a suspected allergic reaction to a drug, it is important that full and accurate information is recorded so that prescribing errors and adverse drug reactions can be avoided in the future. A healthcare professional can achieve this by following the structured assessment guide when recording the drug reaction and its severity. The guide is also important for educating patients about the signs, patterns and timings of allergic reactions. This should prevent morbidity and improve health outcomes.

Quality measures

Structure

Evidence of local arrangements to ensure that people with suspected drug allergy have their drug reaction documented using the structured assessment guide.

Data source: Local data collection.

Process

Proportion of people with suspected drug allergy who have their drug reaction documented using the structured assessment guide.

Numerator – the number in the denominator who have their drug reaction documented using the structured assessment guide.

Denominator – the number of people with suspected drug allergy.

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Data source: Local data collection.

Outcome

a) Medication errors (inappropriate prescribing or administration of drugs).

Data source: Local data collection.

b) Number of repeat allergic drug reactions (including patient-reported episodes).

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals, and commissioners

Service providers (GPs, A&E departments and secondary care services) ensure that people with suspected drug allergy have their drug reaction documented using the structured assessment guide.

Healthcare professionals use the structured assessment guide to document drug reactions of people with suspected drug allergy.

Commissioners (NHS England area teams and clinical commissioning groups) commission services in which people with suspected drug allergy have their drug reaction documented using the structured assessment guide.

What the quality statement means for patients, service users and carers

People with suspected drug allergy should be examined by their GP or, for severe reactions, by A&E staff, who should also ask questions about the symptoms. They should record details of the reaction using a standard approach. They should ask how soon the symptoms started after taking the drug or how many doses were taken, and whether the person has had a similar reaction to that drug or type of drug before. If the doctor thinks that a person might have a drug allergy they should discuss what this means with them (and their family members or carers as appropriate). They should also give them some written information.

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Source guidance

- Drug allergy (2014) NICE guideline CG183, recommendations 1.1.1 (key priority for implementation) and 1.2.3 (key priority for implementation).

Definitions of terms used in this quality statement

Structured assessment guide

The structured assessment guide (boxes 1–3) sets out the signs, allergic patterns and timing of onset of allergic reactions. Healthcare professionals should use boxes 1–3 as an assessment guide when deciding whether symptoms may be caused by a drug allergy.

Box 1 Immediate, rapidly evolving reactions

<table>
<tr><td>Anaphylaxis – a severe multi-system reaction characterised by:
• erythema, urticaria or angioedema and
• hypotension and/or bronchospasm</td><td rowspan="3">Onset usually less than 1 hour after drug exposure (previous exposure not always confirmed)</td></tr>
<tr><td>Urticaria or angioedema without systemic features</td></tr>
<tr><td>Exacerbation of asthma (for example, with non-steroidal anti-inflammatory drugs [NSAIDs])</td></tr>
</table>

Box 2 Non-immediate reactions without systemic involvement

<table>
<tr><td>Widespread red macules or papules (exanthema-like)</td><td rowspan="2">Onset usually 6–10 days after first drug exposure or within 3 days of second exposure</td></tr>
<tr><td>Fixed drug eruption (localised inflamed skin)</td></tr>
</table>

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Box 3 Non-immediate reactions with systemic involvement

<table>
<tr><td>Drug reaction with eosinophilia and systemic symptoms (DRESS) or drug hypersensitivity syndrome (DHS) characterised by:
• widespread red macules, papules or erythroderma
• fever
• lymphadenopathy
• liver dysfunction
• eosinophilia</td><td>Onset usually 2–6 weeks after first drug exposure or within 3 days of second exposure</td></tr>
<tr><td>Toxic epidermal necrolysis or Stevens–Johnson syndrome characterised by:
• painful rash and fever (often early signs)
• mucosal or cutaneous erosions
• vesicles, blistering or epidermal detachment
• red purpuric macules or erythema multiforme</td><td>Onset usually 7–14 days after first drug exposure or within 3 days of second exposure</td></tr>
<tr><td>Acute generalised exanthematous pustulosis (AGEP) characterised by:
• widespread pustules
• fever
• neutrophilia</td><td>Onset usually 3–5 days after first drug exposure</td></tr>
</table>

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Common disorders caused, rarely, by drug allergy: • eczema • hepatitis • nephritis • photosensitivity • vasculitis	Time of onset variable

[Drug allergy (2014) NICE guideline CG183, recommendation 1.1.1 (key priority for implementation)]

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Quality statement 2: Advice about carrying personal structured drug information

Quality statement

People with a new diagnosis of drug allergy are advised to carry structured information about their drug reaction at all times.

Rationale

Carrying structured information about their drug reaction at all times can minimise a person's fear of having another reaction, enhance their communication with healthcare professionals and enable the person to better manage their drug allergy.

Quality measures

Structure

Evidence of local arrangements to ensure that people with a new diagnosis of drug allergy are advised to carry structured information about their drug reaction at all times.

Data source: Local data collection.

Process

Proportion of people with a new diagnosis of drug allergy who are advised to carry structured information about their drug reaction at all times.

Numerator – the number in the denominator who are advised to carry structured information about their drug reaction at all times.

Denominator – the number of people with a new diagnosis of drug allergy.

Data source: Local data collection.

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Outcome

Self-management of drug allergy.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals, and commissioners

Service providers (primary and secondary care services) ensure that healthcare professionals advise people with a new diagnosis of drug allergy to carry structured information about their drug reaction at all times.

Healthcare professionals advise people with a new diagnosis of drug allergy to carry structured information about their drug reaction at all times.

Commissioners (NHS England area teams and clinical commissioning groups) commission services that advise people with a new diagnosis of drug allergy to carry structured information about their drug reaction at all times.

What the quality statement means for patients, service users and carers

People who have just been told they have a drug allergy are advised to keep the information they have been given about the allergy with them at all times.

Source guidance

- Drug allergy (2014) NICE guideline CG183, recommendations 1.2.3 (key priority for implementation) and 1.3.4.

Definition of terms used in this quality statement

Structured information about a drug reaction

When a person presents with a new diagnosis of drug allergy they are advised to carry structured information about their drug reaction that includes:

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- the generic and proprietary name of the drug or drugs suspected to have caused the reaction, including the strength and formulation
- a description of the reaction (see structured assessment guide)
- the indication for the drug being taken (or description of the illness if there is no clinical diagnosis)
- the date and time of the reaction
- the number of doses taken or number of days on the drug before onset of the reaction
- the route of administration
- which drugs or drug classes to avoid in future.

If the person is unable to carry this information themselves (for example, neonates or those with additional needs), it may need to be given to a carer or family member instead, but confidentiality and safeguarding must be observed.

[Adapted from Drug allergy (2014) NICE guideline CG183, recommendation 1.2.3 (key priority for implementation)]

Equality and diversity considerations

All written information and advice should be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People receiving information about drug allergy should have access to an interpreter or advocate if needed.

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Quality statement 3: Referral to specialist drug allergy services

Quality statement

People with a suspected or confirmed anaphylactic reaction, or severe non-immediate cutaneous reaction to a drug, or reaction to a general anaesthetic are referred to a specialist drug allergy service.

Rationale

It is important to ensure appropriate referral to specialist drug allergy services so that all people with drug allergy receive the care they need. Expert clinical opinion suggests that some people who are currently referred do not need specialist services whereas others need specialist referral but this is not offered.

Quality measures

Structure

Evidence of local arrangements to ensure that people with a suspected or confirmed anaphylactic reaction, or severe non-immediate cutaneous reaction to a drug, or reaction to a general anaesthetic are referred to a specialist drug allergy service.

Data source: Local data collection.

Process

a) Proportion of people with a suspected or confirmed anaphylactic reaction to a drug who are referred to a specialist drug allergy service.

Numerator – the number in the denominator who are referred to a specialist drug allergy service.

Denominator – the number of people with a suspected or confirmed anaphylactic reaction to a drug.

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Data source: Local data collection.

b) Proportion of people with a severe non-immediate cutaneous reaction to a drug who are referred to a specialist drug allergy service.

Numerator – the number in the denominator who are referred to a specialist drug allergy service.

Denominator – the number of people with a severe non-immediate cutaneous reaction to a drug.

Data source: Local data collection.

c) Proportion of people with a reaction to a general anaesthetic who are referred to a specialist drug allergy service.

Numerator – the number in the denominator who are referred to a specialist drug allergy service.

Denominator – the number of people with a reaction to a general anaesthetic.

Data source: Local data collection.

Outcome

a) Mortality.

Data source: Local data collection.

b) Number of repeat allergic drug reactions.

Data source: Local data collection.

c) Length of hospital stay.

Data source: Local data collection.

d) Inappropriate avoidance of drugs.

Data source: Local data collection.

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e) Further anaesthetics without problems.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals, and commissioners

Service providers (GP, A&E departments, dentists and secondary care services) ensure that people with a suspected or confirmed anaphylactic reaction, or severe non-immediate cutaneous reaction to a drug, or reaction to a general anaesthetic are referred to a specialist drug allergy service.

Healthcare professionals refer people with a suspected or confirmed anaphylactic reaction, or severe non-immediate cutaneous reaction to a drug, or reaction to a general anaesthetic to a specialist drug allergy service.

Commissioners (NHS England area teams and clinical commissioning groups) commission local specialist drug allergy services for people with suspected or confirmed anaphylactic reactions, or severe non-immediate cutaneous reactions to a drug, or reactions to general anaesthetics.

What the quality statement means for patients, service users and carers

People are referred to a specialist drug allergy service for advice if they have a severe 'shock-like' reaction straight after taking a drug, or if they have a severe skin reaction that develops later, or if they have a reaction to a general anaesthetic.

Source guidance

- Drug allergy (2014) NICE guideline CG183, recommendations 1.4.2, 1.4.8 (key priority for implementation), 1.4.10 and 1.4.11 (key priority for implementation).
- Anaphylaxis (2011) NICE guideline CG134, recommendation 1.1.9.

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Quality statement 4: Recording drug allergy status in electronic medical records

Quality statement

People with drug allergy have their status documented in their electronic medical record using the recommended coding framework.

Rationale

At present, the coding is not used consistently in electronic documentation systems to differentiate between a side effect and an allergic reaction. Consistent and comprehensive recording of drug allergy status is important to ensure that all patients with confirmed or suspected drug allergy have a full and accurate record of this in their electronic medical record. Accurate recording of drug allergy status will prevent the prescription and administration of drugs inducing allergic reactions and will improve patient safety.

Quality measures

Structure

Evidence of local arrangements to ensure that people with drug allergy have their status documented in their electronic medical record using the recommended coding framework.

Data source: Local data collection.

Process

Proportion of electronic medical records with a drug allergy status documented using the recommended coding framework.

Numerator – the number in the denominator with a drug allergy status documented using the recommended coding framework.

Denominator – the number of electronic medical records.

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Data source: Local data collection.

Outcome

a) Mortality.

Data source: Local data collection.

b) Repeat allergic drug reactions.

Data source: Local data collection.

c) Length of hospital stay.

Data source: Local data collection.

d) Inappropriate avoidance of drugs.

Data source: Local data collection.

e) Anaphylaxis.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals, and commissioners

Service providers (primary and secondary care services) ensure that healthcare professionals document a person's drug allergy status in their electronic medical record using the recommended coding framework.

Healthcare professionals document a person's drug allergy status in their electronic medical record using the recommended coding framework.

Commissioners (NHS England area teams and clinical commissioning groups) commission services in which healthcare professionals document a person's drug allergy status in their electronic medical record using the recommended coding framework.

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What the quality statement means for patients, service users and carers

People have a note in their electronic medical record of whether or not they have a drug allergy. This should be noted as 'drug allergy', 'none known' or 'unable to ascertain' (doctors aren't sure whether a reaction is due to drug allergy or not). If doctors aren't sure they should investigate further.

Source guidance

- Drug allergy (2014) NICE guideline CG183, recommendation 1.2.1.

Definitions of terms used in this quality statement

Coding framework for drug allergy status

Use 1 from the following coding framework when documenting a person's drug allergy status in their medical records:

- 'drug allergy'
- 'none known'
- 'unable to ascertain' (document it as soon as the information is available).

[Drug allergy (2014) NICE guideline CG183 recommendation 1.2.1]

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Quality statement 5: Updating information on drug allergy status

Quality statement

People with a new diagnosis of drug allergy who are being referred or discharged have their drug allergy status updated in all GP referral and hospital discharge letters.

Rationale

Updating information on drug allergy status and sharing this information among services is important for improving patient safety and reducing the costs associated with treating allergic reactions. Improved communication between primary and secondary healthcare providers will also allow safe prescription of alternative drugs and reduce inappropriate drug avoidance. Full details of the drug and allergic reaction are important if the same drug is needed again and also improve diagnostic accuracy if the patient needs specialist investigation of the allergy.

Quality measures

Structure

Evidence of local arrangements to ensure that people with a new diagnosis of drug allergy who are being referred or discharged have their drug allergy status updated in all GP referral and hospital discharge letters.

Data source: Local data collection.

Process

a) Proportion of GP referral letters for people with a new diagnosis of drug allergy with updated drug allergy status.

Numerator – the number in the denominator with updated drug allergy status.

Denominator – the number of GP referral letters for people with a new diagnosis of drug allergy.

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Data source: Local data collection.

b) Proportion of hospital discharge letters for people with a new diagnosis of drug allergy with updated drug allergy status.

Numerator – the number in the denominator with updated drug allergy status.

Denominator – the number of hospital discharge letters for people with a new diagnosis of drug allergy.

Data source: Local data collection.

Outcome

a) Mortality.

Data source: Local data collection.

b) Repeat allergic drug reactions.

Data source: Local data collection.

c) Length of hospital stay.

Data source: Local data collection.

d) Inappropriate avoidance of drugs.

Data source: Local data collection.

e) Anaphylaxis.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals, and commissioners

Service providers (primary and secondary care services) ensure that healthcare professionals

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update drug allergy status in all GP referral and hospital discharge letters for people with a new diagnosis of drug allergy.

Healthcare professionals update drug allergy status in all GP referral and hospital discharge letters for people with a new diagnosis of drug allergy.

Commissioners (NHS England area teams and clinical commissioning groups) commission services in which healthcare professionals update information on drug allergy status in all GP referral and hospital discharge letters for people with a new diagnosis of drug allergy.

What the quality statement means for patients, service users and carers

People have any new information about drug allergy added to their records. The information is also included by their GP in all letters referring them to a hospital or clinic, and in all letters sent to their GP when they leave hospital.

Source guidance

- Drug allergy (2014) NICE guideline CG183, recommendation 1.2.7.

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Quality statement 6 (developmental): Prescription information on drug avoidance

Developmental quality statements set out an emerging area of service delivery or technology currently found in a minority of providers and indicating outstanding performance. They will need specific, significant changes to be put in place, such as redesign of services or new equipment.

Developmental quality statement

People with a drug allergy have information included on their prescriptions about which drugs or drug classes to avoid.

Rationale

Recording information on drug avoidance on a prescription is important for patient safety. Expert opinion suggests that only some hospitals have prescription forms which include drug allergy status.

Quality measures

Structure

Evidence of local arrangements to ensure that prescriptions have drug allergy information included about which drugs or drug classes to avoid.

Data source: Local data collection.

Process

a) Proportion of paper prescriptions issued in any healthcare setting which have drug allergy information included about which drugs or drug classes to avoid.

Numerator – the number in the denominator which have drug allergy information about which drugs or drug classes to avoid.

Denominator – the number of paper prescriptions issued in any healthcare setting.

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Data source: Local data collection.

b) Proportion of electronic prescriptions issued in any healthcare setting which have drug allergy information included about which drugs or drug classes to avoid.

Numerator – the number in the denominator which have drug allergy information about which drugs or drug classes to avoid.

Denominator – the number of electronic prescriptions issued in any healthcare setting.

Data source: Local data collection.

Outcome

a) Mortality.

Data source: Local data collection.

b) Repeat allergic drug reactions.

Data source: Local data collection.

c) Inappropriate avoidance of drugs.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals, and commissioners

Service providers (secondary care) ensure that people with a drug allergy have information included on their prescriptions about which drugs or drug classes to avoid.

Healthcare professionals issue prescriptions which have drug allergy information included about which drugs or drug classes to avoid.

Commissioners (NHS England area teams and clinical commissioning groups) commission services in which people with a drug allergy have information included on their prescriptions about which drugs or drug classes to avoid.

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What the quality statement means for patients, service users and carers

People with a drug allergy are given prescriptions which include information on any drugs or types of drug that they should avoid.

Source guidance

- Drug allergy (2014) NICE guideline CG183, recommendation 1.2.4.

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Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its Indicators for Quality Improvement Programme. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's what makes up a NICE quality standard? for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in development sources.

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Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between healthcare professionals and adults, young people and children with drug allergy, and their families or carers (if appropriate), is essential. Treatment, care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with drug allergy and their families or carers (if appropriate) should have access to an interpreter or advocate if needed.

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Development sources

Further explanation of the methodology used can be found in the quality standards process guide.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Drug allergy (2014) NICE guideline CG183
- Anaphylaxis (2011) NICE guideline CG134

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Joint Royal College of Physicians and Royal College of Pathologists Working Party (2010) Allergy services: still not meeting the unmet need
- Care Quality Commission (2009) Managing patients' medicines after discharge
- National Patient Safety Agency (2009) Safety in doses: improving the use of medicines in the NHS
- Department of Health (2007) Government response to the House of Lords Science and Technology Committee report on allergy
- House of Lords Science and Technology Committee (2007) House of Lords Science and Technology Sixth Report
- National Patient Safety Agency (2007) Patient Safety Observatory Report 4: Safety in doses

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Related NICE quality standards

Published

- Managing medicines in care homes (2015) NICE quality standard 85
- Asthma (2013) NICE quality standard 25
- Patient experience in adult NHS services (2012) NICE quality standard 15
- Diabetes in adults (including foot care) (2011) NICE quality standard 6

In development

- Food allergy and anaphylaxis Publication expected March 2016
- Diabetes in pregnancy Publication expected January 2016

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Diabetes in children and young people
- Medicines management: managing the use of medicines in community settings for people receiving social care
- Medicines optimisation (covering medicines adherence and safe prescribing)
- Perioperative care

The full list of quality standard topics referred to NICE is available from the quality standards topic library on the NICE website.

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Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 1. Membership of this committee is as follows:

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Clinical Lead Nurse, University Hospital of North Staffordshire

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Strategic Lead Health, Families and Partnerships, Bury Council

Ms Alyson Whitmarsh
Programme Head for Clinical Audit, Health and Social Care Information Centre

Ms Jane Worsley
Chief Operating Officer, Advanced Childcare Limited

Dr Arnold Zermansky
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The following specialist members joined the committee to develop this quality standard:

Mr Michael Ardern-Jones
Consultant Dermatologist, University of Southampton

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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

This quality standard has been incorporated into the NICE pathways on anaphylaxis and drug allergy.

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ISBN: 978-1-4731-1326-8

Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- British Association of Dermatologists
- Royal College of General Practitioners (RCGP)
- Anaphylaxis Campaign
- Royal College of Physicians (RCP)

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