

Table 1 Referral categories

Category	No	%
Gastroenterology	167	16.7
Dermatology	96	9.6
Allergy	91	9.1
UTI	84	8.4
Neurology	75	7.5
Cardiology	58	5.8
Lumps and bumps	52	5.2
Orthopaedics /rheumatology	51	5.1
Surgery	49	4.9
Respiratory	43	4.3
Endocrinology	38	3.8
Headaches	36	3.6
Enuresis	32	3.2
Behaviour/Psych	24	2.4
New born exam concern	20	2.0
Developmental	19	1.9
Failure to thrive	19	1.9
Fatigue	8	0.8
Obesity	2	0.2
ENT	1	0.1
Others	31	3.1

Allergy was the third most common reasons for referral (9.1%). A number of other referrals had a significant allergic component – in particular patients with atopic symptoms. The highest numbers of referrals were for gastrointestinal problems with recurrent abdominal pain (47), constipation (35), feeding issues in infancy (35), chronic diarrhoea (37) and bleeding per rectum (10).

Allergic diseases are increasing and associated with significant morbidity.¹ A survey of GP's in 2009 found that 77% still rated NHS allergy care as poor (similar to one done in 2002) and expressed concerns about access to allergy specialists.² Reports including that published by the Royal College of Physicians in June 2010,³ which give an update to allergy service provision following the 2007 report of the House of Lords (HoL) Science and technology committee's inquiry into allergy, urge that primary care organisations should focus on developing and implementing local service models for managing allergy. Paediatric Outpatient referral patterns have not been extensively studied but we note that a previous case mix analysis⁴ made no mention of allergy as a reason for referral. This suggests that there is a significant increase in demand for paediatric allergy services.

We believe the arrival of Choose and Book and the ability to access referral letters in one place will make Outpatient referral patterns easier to analyse and has potential to aid Paediatric outpatient design and workforce planning. In this instance, since nearly 10% of referrals are related to allergy, support is given to the enhancement of paediatric allergy services.

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Demand for paediatric allergy services is high

The advent of the Choose and Book outpatient referral system has facilitated analysis of outpatient referrals. Nine hundred and ninety-six consecutive Choose and Book GP referrals to Paediatric medical secondary care within a typical district general hospital were received in the 3-year period from February 2007 to 2010. The referrals were analysed according to the primary problem outlined in the referral letter (see table 1) with a view to determining clinical categories and in particular the numbers referred because of allergic concerns. Postal referrals received during this period were not included in the study. Additional referrals would have been made directly to other specialist services such as ENT, Surgery, etc.

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REFERENCES

1. **Walker S**, Khan-Wasti S, Fletcher M, *et al*. Seasonal allergic rhinitis is associated with a detrimental effect on examination performance in United Kingdom teenagers: case-control study. *J Allergy Clin Immunol* 2007;**120**:381–7.
2. **Hazeldine M**, Worthb A, Levyc ML, Sheikh A. Follow-up survey of general practitioners' perceptions of UK allergy services. *Prim Care Respir J* 2010;**19**(1):84–6.
3. **Allergy Services**. Still Not Meeting the Unmet Need. Report of the Royal College of Physicians and Royal College of Pathologists Working Party, June 2010.
4. **MacFaul R**, Long R. Paediatric outpatient utilisation in a district general hospital. *Arch Dis Child* 1992;**67**:1068–72.