

**AWTTC**All Wales Therapeutics & Toxicology Centre
Canolfan Therapiwteg a Thocsicoleg Cymru Gyfan

Document title: History-based penicillin allergy de-labelling
Closing date: Friday 6th February 2026

Please fill in your personal details, comments **and** your Declaration of Interests, in the consultation form below. Please type directly into the form and save it with your initials (or other appropriate identifier) before sending it to awttc@wales.nhs.uk.

Please note: AWTTC compile all comments received during consultation into a report to be considered by the development group and the All Wales Prescribing Advisory Group (AWPAG). Each comment will be addressed and any changes to the document that are made as a result will be noted. A summary report, including any comments submitted, will be available on request within 3 weeks of publication of the finished document.

AWTTC reserves the right to summarise comments, where it is deemed appropriate, and to not publish comments if we consider their publication to be unlawful or otherwise inappropriate.

By submitting your comments, you are agreeing to them being used in line with the above.

Name	Alwyn Fortune
Organisation/Company	Royal Pharmaceutical Society

Declaration of interests

Do you have any business or personal interests that might be material and relevant to the project or document under consideration?

Yes	☐
No	☒

If **yes**, please give details below:

Anonymisation of comments

Your name and organisation/company will be included alongside your comments when included within the summary report considered by the development group and AWPAG. Are you happy for your name to be included when the summary report later becomes publicly available? (Please delete as appropriate)

Yes

* Please note – your organisation/company name (where applicable) will always be included.

Consultation comments

Is there anything you would like to see **added** to the *History-based penicillin allergy de-labelling* document?

At the RPS we are extremely supportive and welcome the guidance for penicillin allergy de-labelling. With recent studies showing that almost 90% of people whose medical records labelled them as allergic to penicillin, were not truly allergic¹, this is a necessary focus to support antibiotic choice and prescribing, antimicrobial stewardship, together with cost effective prescribing.

We are pleased to see this guidance with a focus on primary care, following on from previous AWTTC guidance for de-labelling within secondary care. The importance of not only good documentation following a patient assessment, but the appropriate digital sharing of information across settings is vital, so that every healthcare professional involved in a patient's care is aware an assessment has taken place, and a patient's allergy status may have changed. This is particularly important for patients, to ensure continuity of care, and not to have to explain multiple times to different healthcare professionals involved in their care of any update to their allergy status, when all healthcare professionals should be able to access this information digitally.

Of note, within primary care, is ensuring a patient's community pharmacy is also informed when an assessment has taken place and a patient's allergy status may have been updated. Community pharmacies may not always have the necessary access they need to a patient's medical record, through digital barriers, and subsequently from previous consultations with patients may (or may not) have recorded on a patient's community pharmacy PMR separately that the patient has an allergy to penicillin. Any change in status must be communicated to the community pharmacy, to allow them to update records and prevent future potential medicines supply issues. For example, if a penicillin based antibiotic was prescribed to a patient who had been assessed and de-labelled as allergic, if the community pharmacy is not made aware of this and holds their own historic records about allergy status, this may cause unnecessary confusion and a delay to treatment, if the community pharmacy has to proactively find out this information when presented with a prescription.

This further demonstrates the need for community pharmacies to have read write access to a patient's digital medicines record. Within primary care, if there was an expectation that pharmacists based in community pharmacies could also assess patients for penicillin allergy de-labelling, whilst they have the clinical skills to do so, they must be supported with the correct digital infrastructure and appropriate read write medicines access.

¹ Penicillin allergy assessment pathway versus usual clinical care for primary care patients with a penicillin allergy record in the UK (ALABAMA): an open-label, multicentre, randomised controlled trial
Jonathan A T Sandoe, Shadia Ahmed, et al., The Lancet, July 2025. Accessed via [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(25\)00006-8/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(25)00006-8/fulltext)

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