**Document title: All Wales guidance for penicillin allergy de‑labelling in adults in secondary care**

**Closing date: Tuesday 20 February 2024**

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. 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.

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

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| **Name** | Alwyn Fortune |
| **Organisation/Company** | Royal Pharmaceutical Society (RPS) |

**Consultation comments**

Is there anything you would like to see **added** to the All Wales guidance for penicillin allergy de-labelling in adults in secondary caredocument?

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| At the RPS we are extremely supportive of the guidance for penicillin allergy de-labelling, supporting the antimicrobial stewardship agenda.Noting that this guidance is for use in Secondary Care, evidently a large cohort of patients potentially eligible to be de-labelled as penicillin allergic may not be captured. We wonder if any work could happen to safely de-label patients in primary care alongside this, always noting the importance of patient safety as paramount. Capturing this larger cohort of patient would naturally have a greater impact on health outcomes and antimicrobial stewardship. |

Is there anything you would like to see **removed** from the All Wales guidance for penicillin allergy de-labelling in adults in secondary caredocument?

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**Please submit any further comments using the table below.**

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| **Page number /section number/line number** | **Comment** |
| Table 1, 6.1: | There is a reference to *‘Medical staff should prescribe a single dose of 500 mg amoxicillin’.*We would suggest that this is amended to prescriber rather than medical staff to enable other professions, including pharmacists that may become the local experts in de-labelling. An example of this is illustrated in the following study: [A pharmacist-led penicillin allergy de-labelling project within a preoperative assessment clinic: the low-hanging fruit is within reach - ScienceDirect](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience%2Farticle%2Fabs%2Fpii%2FS0195670123001974%3Fvia%253Dihub&data=05%7C02%7CAlwyn.Fortune%40rpharms.com%7Cab4966eaf3ad4a654c2408dc298673bf%7C99193c61658d4076952f07c345a3be97%7C0%7C0%7C638430904647707617%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=JSkwJGSPcOW9KAcxHPOGDmBma%2F2XKymU0fAVJA9WRiE%3D&reserved=0) |
| Page 7/209.0 communication of test result | 9.2 states, *‘’Send a copy of the results to the GP in addition to the patient’s discharge letter, to facilitate updating allergy status in GP records’’.*Consideration needs to be given to how best to inform all healthcare professionals involved in a patients care; a patients community pharmacist would be a prime example of this. Community pharmacists may record on their own PMR system that a patient has an allergy to penicillin if told that information by a patient, if a patient is subsequently de-labelled as part of a de-labelling test, community pharmacists may miss out on this information. When dispensing a prescription for a patient, pharmacists are currently unable to access GP records, thus any subsequent penicillin-based prescription for the patient, may result in the pharmacist needing to further contact a patient’s GP to query the prescription. This could result in an unnecessary delay for the patient receiving treatment, unnecessary extra workload for the pharmacist and frustration from the patient that the pharmacist has not been informed of any change in status of a penicillin allergy. In addition, with an ever-increasing number of community pharmacists providing prescribing services for patients in line with the pharmacy contract, having access to up-to-date penicillin allergy information will be crucial to inform prescribing choices. |
| Appendix 2 (Patient Information Leaflet) and Appendix 4 (Penicillin allergy test consent form) | Within these resources there are multiple references to the *‘medical team’*. We would suggest this is amended to ensure that this is applicable and inclusive of other professions that may take the lead on this within health boards, for example, pharmacists. Consider replacing ‘medical team’ with ‘healthcare team’ or ‘healthcare professional’ as appropriate  |
|  | We are very supportive of this work and guidance at the RPS. We have previously supported media campaigns in this area, whilst also producing a penicillin allergy checklist informed by our Antimicrobial Expert Advisory Group, to support pharmacists and other healthcare professionals in their work.<https://www.rpharms.com/recognition/all-our-campaigns/antimicrobial-resistance-stewardship/penicillin-checklist>We have done much to promote this in the media to ensure the correct messaging to the public, a news story from September 2023 can be accessed on the following link.<https://www.rpharms.com/about-us/news/details/millions-mistakenly-think-they-are-allergic-to-penicillin->We look forward to working with AWTTC in the future to help support this important workstream, ensuring we best support our members in this area and aid wider public messaging and education.  |
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**Declaration of interests**

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

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| **Yes** |  |
| **No** | ü |

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

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