NHS
Derby and Derbyshire
Integrated Care Board

NHS
Lincolnshire
Integrated Care Board

NHS
Nottingham and
Nottinghamshire
Integrated Care Board

Sir John Robinson House
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Arnold
Nottingham
NG5 6DA

PRIVATE AND CONFIDENTIAL
Miss Laurinda Bower
HM Area Coroner for Nottingham City & Nottinghamshire
[redacted]

30 July 2026

Dear Miss Bower

JENNIFER SUSAN BIRCH: REGULATION 28 REPORT RESPONSE

I am writing in response to the Regulation 28 Report dated 20 May 2026, following the inquest into the death of Jennifer Susan Birch.

Nottingham and Nottinghamshire Integrated Care Board sincerely apologises to the family of Jennifer Susan Birch for the incredibly sad circumstances surrounding her death. We acknowledge that over 95% of penicillin allergy labels are incorrect leading to the avoidable use of broad spectrum antibiotics, increased antimicrobial resistance, increased mortality and morbidity. As an ICB we are committed to understanding how to commission an appropriate service to challenge incorrect diagnosis of penicillin allergy.

Penicillin allergy delabelling is a clear example of upstream, preventative intervention that:

- Enables whole pathway commissioning across primary, secondary and specialist care.
- Supports population health management.
- Aligns with NHSE ambition to shift from sickness to prevention, hospital to community and deliver integrated care.

However, there is also a lot of work that needs to be done nationally to undo the perceptions that the population have related to penicillin allergy and the perceived risks from patients in readministering penicillins when they have received a penicillin allergy label. Consequently, commissioning alone will not solve the problem.

NHSE are currently supporting the understanding of when a person is delabelled the infrastructure needed to ensure that label is appropriately recorded. Conversations are ongoing related to education and training health care professionals, myth busters for the population related to penicillin allergy, coding, wider digital transformation, information governance and clinical governance. However, it is important that we give patients their own personal correct information

Key Rationale for Delabelling/Case for change

- **Reduces Antimicrobial Resistance (AMR):** When penicillin is unavailable, doctors prescribe broader-spectrum alternatives (like fluoroquinolones or macrolides). This unnecessary use fuels the growth of drug-resistant "superbugs".
- **Improves Clinical Outcomes:** Patients without access to first-line penicillins face a higher risk of hospital admission, hospital-acquired infections, such as MRSA and *Clostridium difficile* (often triggered by broad-spectrum drugs destroying healthy gut bacteria) and longer length of stay. There is also evidence of increased mortality in those with a penicillin allergy label.

- **Lowers Healthcare Costs:** Broad-spectrum antibiotics are significantly more expensive than standard penicillins. Removing the incorrect label reduces pharmacy expenditures and shortens excess hospital bed stays.
- **Better Surgical Recovery:** Surgical patients carrying a penicillin allergy label face a documented increase in surgical site infections because they miss out on optimal, targeted antibiotic prophylaxis.
- **Promotes Antimicrobial Stewardship:** Delabeling initiatives are a core target of national public health organizations (such as the UK's 5-year antimicrobial resistance plan) aimed at optimizing antibiotic use across healthcare systems.

How Delabeling Works
The process uses risk-stratification algorithms combined with validated direct oral challenges or skin tests. By safely confirming who is not allergic, non-allergist clinicians (like pharmacists and medics) can clear a patient's medical records, so they have access to the safest, most effective treatments in the future

Stakeholders
To enable a penicillin allergy delabelling program to be embedded effectively across a provider organisation, all key professionals who are essential for its success need to be included and engaged with. We will use existing pharmacy, antimicrobial stewardship teams, primary care and allergy services to develop a model that will work for the population of Nottingham and Nottinghamshire. We hope to be able to provide support to the NHSE program to evidence what works well.

Nottingham and Nottinghamshire ICB has begun work on developing a stakeholder group that will meet to discuss the most appropriate pathway to facilitate delabelling in the population. With up to 10% of the population affected, it would not be possible for allergy services alone to facilitate this and there will need to be a focused approach with those at highest risk targeted first.

Yours sincerely

Executive Director of Outcomes (Medical)
Derby and Derbyshire ICB, Lincolnshire ICB, Nottingham and Nottinghamshire ICB