Embargo until 21st April at 06:00am

PRESS BRIEFING: UK National Allergy Strategy Launch

Date: 17th April 2026

Event: Allergy UK's Parliamentary Reception, Westminster.

Executive Summary

The UK's first National Allergy Strategy launches on 20th April 2026, representing a historic moment for the estimated 21 million people living with allergic disease across the UK. Developed over two decades of advocacy and two years of intensive collaborative work, the strategy provides a coordinated, four-nation blueprint to address systemic failures in allergy care, reduce preventable deaths, tackle health inequalities and embed allergy care into national policy frameworks.

This briefing provides detailed background on what the strategy means for patients, the key recommendations, implementation pathways and the unprecedented coalition behind it.

Key Messages

1. **Historic moment:** UK's first National Allergy Strategy launches after 20+ years of advocacy
2. **Scale of crisis:** 39% of children, 30% of adults affected; over one-quarter of the UK population
3. **Preventable harm:** Almost 20% of child food allergy deaths happen in schools
4. **Training gap:** Most GPs have no allergy training despite 1 in 3 patients having allergic conditions
5. **Unprecedented coalition:** Charities, clinicians, patients and politicians united behind a single blueprint
6. **Five strategic goals:** Leadership, healthcare access, prevention, societal awareness and research
7. **Legal protection:** Benedict's Law for schools, Owen's Law for food outlets

8. **Four-nation approach:** Coordinated framework with nation-specific implementation
9. **Government must act:** Delay perpetuates preventable harm and rising costs
10. **Better future possible:** Strategy provides a clear roadmap to save lives and reduce inequalities

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Why Now: The Case for Urgency

Historical Context

Warnings about the UK's allergy crisis date back over 20 years:

- **2004:** Major analysis identified 39% of children and 30% of adults affected by allergic disease
- **Multiple reports** from the Royal College of Physicians and APPG for Allergy highlight service gaps
- **Repeated tragedies** exposing system failures in schools, restaurants and healthcare settings
- **Two decades of advocacy** by NASG and partner organisations

Despite this evidence, recommendations have been largely ignored, provision remains fragmented and preventable harm continues.

Current Crisis Points

- **Rising prevalence:** Food allergy doubled in 10 years with a three-fold increase in anaphylaxis hospitalisations
- **Workforce gap:** Most GPs have no allergy training despite 1 in 3 patients having allergic conditions
- **Health inequalities:** Postcode lottery of access; poorer outcomes in deprived and ethnic minority communities
- **School safety failures:** 20% of child food allergy deaths occur in schools
- **NHS pressure:** Fragmented services, long waiting lists and inconsistent standards

Momentum for Change

- **Political will:** Cross-party parliamentary support and devolved nation engagement

- **Public awareness:** High-profile campaigns following preventable deaths
- **Legislative opportunities:** Benedict's Law and Owen's Law gaining traction
- **Research evidence:** UK-led international breakthroughs in prevention and treatment
- **Coalition unity:** Unprecedented alignment across charities, clinicians, patients and politicians

Economic Imperative

- Prevention and early intervention are more cost-effective than reactive emergency care
- Reduced hospital admissions and prescribing costs
- Decreased burden on specialist services
- Improved productivity through better health and reduced school/work absences
- Long-term savings outweigh initial investment

What the National Allergy Strategy Means for Patients

Immediate Impact Areas

For children and families:

- **Safer schools** through Benedict's Law, mandating allergy policies, trained staff and emergency medication access across all education settings
- **Clearer food labelling** through Owen's Law, requiring written allergen information when ordering food, reducing reliance on verbal communication
- **Reduced risk** in everyday environments with consistent safety standards across schools, childcare and community settings
- **Better diagnosis and treatment** with strengthened primary care pathways meaning faster access to specialist support when needed

For adults managing allergy:

- **End to postcode lottery** with defined NHS service standards, ensuring quality care regardless of location

- **Improved workplace safety** with allergy embedded in occupational health frameworks and risk assessments
- **Greater confidence** in food outlets, travel and social situations through enhanced allergen management and staff training
- **Access to disease-modifying therapies** with equitable, timely availability across all four nations

For the NHS and healthcare professionals:

- **Defined competencies** for allergy management in primary care, reducing pressure on overstretched specialist services
- **Structured training** through the BSACI Allergy Education Network, with allergy embedded in medical, nursing and allied health curricula
- **Clear referral pathways** ensuring patients receive care at the appropriate level while preserving specialist capacity for complex cases
- **Better data systems** with standardised allergy coding enabling monitoring, research and service improvement

Long-Term Transformation

Prevention at scale:

- Early-life interventions to reduce allergy development, based on UK-led international research
- Improved indoor and outdoor air quality in high-risk settings including schools, healthcare facilities and social housing
- Reduction in inappropriate food allergen avoidance caused by unvalidated testing
- National anaphylaxis surveillance linking healthcare and community data to identify emerging risks

Tackling inequalities:

- Targeted support for high-risk groups including people living in deprivation and some ethnic minority communities
- Accessible information addressing barriers linked to language, disability, learning needs and literacy
- Equal access to specialist services including drug allergy and cutaneous allergy clinics
- Allergy recognised as a safeguarding, equality and public health priority

Quality of life improvements:

- Reduced anxiety and improved mental health through safer, more predictable environments
- Greater social inclusion with confidence to participate in education, employment, travel and leisure
- Support for transitions from paediatric to adult services, reducing gaps in care during vulnerable life stages
- Family and carer support embedded in service delivery

Key Recommendations: Five Strategic Goals

The National Allergy Strategy is structured around five overarching goals, each with specific, measurable recommendations.

Goal 1: UK-Wide Leadership, Commitment and Governance

Core recommendation: All four UK Governments must recognise allergic disease as a major long-term condition requiring coordinated national action.

Specific actions:

- Adopt a UK Strategic Framework for Allergy with shared leadership, standards and data systems while enabling nation-specific implementation
- Establish dedicated allergy leadership and advisory infrastructure including national and devolved leads and expert advisory groups
- Embed allergy across policy frameworks in health, education, food regulation, environment, employment and transport
- Commission robust economic analysis of allergy burden and cost-effectiveness of interventions
- Create clear accountability mechanisms at national and local levels with allergy embedded in commissioning and performance frameworks

Why it matters: Without national coordination, allergy remains fragmented across multiple sectors with no clear ownership, leading to policy gaps, inconsistent protection and preventable harm.

Goal 2: Equitable Access to High-Quality, Lifelong Allergy Healthcare

Core recommendation: The NHS across all four nations must treat allergic disease as a core long-term condition and plan services accordingly.

Specific actions:

- Define and adopt UK-wide service standards for allergy care in primary, secondary and tertiary settings
- Strengthen primary care capability through defined competencies, appropriate diagnostic testing and clear referral criteria
- Expand GP with extended roles (GPwER) in allergy to resolve non-complex cases closer to home
- Ensure equitable, timely access to disease-modifying therapies aligned to national guidance across all nations
- Improve transitions from paediatric to adult services with defined competencies and adequate adult clinic capacity
- Scale the BSACI Allergy Education Network and Allergy Capabilities Framework through the LearnAllergy platform
- Increase training numbers across medical, nursing, dietetic, psychology and pharmacy workforces
- Preserve and strengthen specialist services for complex allergy, drug allergy, and cutaneous allergy

Why it matters: Current provision is a postcode lottery. Most GPs lack allergy training despite 1 in 3 patients having allergic conditions. Patients face delays, inconsistent care and difficulty accessing specialists.

Goal 3: Prevention Strategies to Reduce Allergic Disease Burden

Core recommendation: Governments must implement prevention as a coherent, UK-wide public health programme reaching every community.

Specific actions:

Food allergy prevention:

- National guidance promoting timely introduction and sustained consumption of allergenic foods from weaning
- Early support for high-risk infants identified through family history or severe eczema
- Discourage unvalidated allergy tests causing false diagnoses and unnecessary avoidance

Respiratory allergy prevention:

- Practical improvements to indoor and outdoor air quality, prioritising high-risk settings

- Enhanced ventilation, filtration and exposure reduction in low-income housing, schools and healthcare facilities
- Integration of air quality standards with allergy considerations

Drug allergy prevention:

- Improved diagnosis and specialist access to reduce inappropriate antibiotic avoidance
- Integration with antimicrobial stewardship programmes

Anaphylaxis prevention and surveillance:

- Mandate national anaphylaxis surveillance linking healthcare and community data
- Support the fatal anaphylaxis registry with consistent death investigation protocols
- Early identification of emerging risks and implementation of lessons learned

Why it matters: Prevention offers long-term savings by reducing hospital admissions, prescribing costs and specialist demand. UK research has led global guidance, yet UK implementation lags behind other countries.

Goal 4: Whole Society Awareness and Engagement

Core recommendation: Create safer, more inclusive environments across education, workplaces, food outlets and public spaces through mandatory standards, training and legal protection.

Specific actions:

Education settings:

- Adopt Benedict's Law, providing a statutory baseline for allergy management in schools
- Mandate clear allergy policies, trained staff, emergency preparedness and access to emergency medication
- Embed allergy in safeguarding, wellbeing and inspection frameworks
- Consistent standards across all education settings regardless of type or location
- Mandatory incident reporting enabling learning and continuous improvement

Food safety and consumer protection:

- Implement Owen's Law, requiring written allergen information at the point of ordering in all food outlets
- Strengthen compliance across the food sector including small and medium enterprises
- Extend protection to online ordering and delivery platforms
- Enhanced training, regulation and enforcement

Workplace and environmental safety:

- Integrate allergy awareness into workplace health and safety frameworks
- Appropriate risk assessments, allergen controls and trained first responders
- Improved air quality standards in workplaces and public spaces
- Wider public health benefits from environmental improvements

Why it matters: Almost 20% of food allergy deaths in school-aged children occur in schools. Inconsistent policies and training create avoidable risk. Legal frameworks reduce variation and strengthen accountability.

Goal 5: World-Leading Research That Delivers Real-World Impact

Core recommendation: Government must support allergy research infrastructure across all four nations to translate evidence into policy and improved outcomes.

Specific actions:

- Establish a UK-wide virtual Allergy Research Centre facilitating collaboration across basic, clinical and implementation science
- Target resources toward the next generation of allergy researchers
- Standardise allergy coding across NHS datasets enabling robust monitoring and research
- Develop artificial intelligence and data science hubs to create validated risk prediction tools
- Deploy decision support algorithms into NHS platforms for real-time clinical use
- Accelerate translation of UK research strengths into novel diagnostics, therapeutics and preventive strategies

Why it matters: The UK is a global leader in allergy research, yet benefits flow to other countries while UK patients face delays in accessing evidence-based interventions. Better data unlocks research potential.

Who Has Been Involved: An Unprecedented Coalition

Core Partner Organisations

National Allergy Strategy Group (NASG):

Formed in 2003, NASG has advocated for coordinated national action on allergy for over two decades. The group includes:

- British Society for Allergy & Clinical Immunology (BSACI)
- Allergy UK
- Anaphylaxis UK
- The Natasha Allergy Research Foundation

Leadership Team:

Chair: Professor Adam Fox OBE, Consultant Paediatric Allergist

Vice Chairs:

- Professor Hasan Arshad, Professor of Allergy & Clinical Immunology
- Professor Paul J. Turner, Professor of Paediatric Allergy & Clinical Immunology

Presidents:

- Dr Pamela Ewan, President, National Allergy Strategy Group
- Dr Robin Gore, President, British Society for Allergy & Clinical Immunology

Charity Leadership:

- Fiona Rayner, Chief Executive Officer, BSACI
- Simone Miles, Chief Executive Officer, Allergy UK
- Georgina Jones, Interim Chief Executive Officer, Anaphylaxis UK
- Nadim Ednan-Laperouse OBE, Founder Trustee, The Natasha Allergy Research Foundation
- Tanya Ednan-Laperouse OBE, Founder Trustee, The Natasha Allergy Research Foundation

- Alicia Kennedy, Chief Operating Officer, The Natasha Allergy Research Foundation

Devolved Nation Leads:

- Dr Caoimhe Glancy, Northern Ireland Lead
- Professor Malcolm Shepherd, Scotland Lead
- Dr Tariq El-Shanawany, Wales Lead

Project Lead: Carla Jones

Over 150 experts contributed across 9 working groups:

Contact Information

For media enquiries, interviews, case studies, or further information:

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