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A National Allergy Strategy: why the UK needs a joined-up plan

Professor Adam Fox explains why we need a national policy approach for allergy.

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The case for a National Allergy Strategy is simple: allergic disease is common, it is rising, and yet the systems that should keep people safe – healthcare, education, food environments, workplaces and public spaces – are not consistently designed around the reality of living with allergy.

Allergies are sometimes dismissed as minor health problems – an inconvenience managed with antihistamines and a bit of caution. But for millions of people across the UK, allergic disease is a daily risk, a constant source of stress and, in the worst cases, a life-threatening emergency. It also has a ripple effect: on school attendance, family life, workplace participation, mental wellbeing and the ability to do ordinary things many people take for granted, like eating out, travelling or visiting friends.

A coordinated national approach to allergy is the most practical way to reduce preventable harm, improve outcomes, tackle inequality and make everyday environments safer and more inclusive.

The scale of the problem: common conditions, serious consequences

The UK has among the highest rates of allergic disease internationally and rates continue to rise; anaphylaxis attendances in A&E departments have trebled in 20 years. Allergies show up in many forms – asthma, eczema, hay fever, food allergy, drug allergy, venom allergy – and they often overlap.

Behind those trends are real people: children whose families plan every school day around risk; teenagers weighing social belonging against safety; adults who avoid work events because food is involved; and patients who struggle to access specialist advice or consistent care. Crucially, many severe reactions are preventable, but prevention requires systems that anticipate risk, not just individuals who 'try harder'.

A fragmented landscape: why good intentions aren't enough

The UK already has pockets of excellent allergy care and world-leading research. But the experience of patients is too often shaped by postcode differences, inconsistent guidance, unclear accountability and gaps between sectors. There is a longstanding mismatch between the burden of allergic disease and the level of service provision, and recommendations from multiple reports over 20 years have not been acted on.

This is a core reason why a strategy matters. Without a shared plan, improvements happen unevenly – a strong local allergy clinic here, a well-trained school cluster there – rather than as a reliable, UK-wide standard. And allergy doesn't sit neatly in a single department. A child's safety at school relies on education policy, staff training and access to emergency medication. A safe meal out relies on food standards, training, enforcement and clear information. Respiratory allergies are influenced by indoor air, outdoor pollution and housing.

In other words: allergy is a health issue that is also a safety issue, an inclusion issue and, increasingly, a public health issue.

What a National Allergy Strategy is designed to do

The National Allergy Strategy sets out a coordinated UK-wide approach built around 5 interlinked goals: national policy leadership, high-quality healthcare, effective prevention, whole-society awareness and engagement, and world-leading research that translates into real-world impact. It is intended to reduce preventable harm, improve outcomes and quality of life, and address long-standing inequalities in care and safety.

Importantly, it is also designed for the reality of devolution. Health, public health, education and aspects of environmental policy are devolved responsibilities, with different structures across England, Scotland, Wales and Northern Ireland. The strategy's vision and guiding principles set

out an aspiration for a UK Strategic Framework for Allergy, collaboratively developed and then implemented through nation-specific Allergy Plans that reflect local needs while sharing common standards and direction.

That is how a strategy moves beyond 'another report' to something people can feel in everyday life: clear leadership, clear standards and clear accountability across the UK. This article will focus on the first of our 5 goals, which centres on policy.

Goal 1: National policy that addresses the needs of patients living with allergic disease

If the strategy is a map, Goal 1 is the compass. It establishes the national policy foundations that allow the other goals to succeed. In practice, that means coordinated leadership across the UK, closing key policy and legislative gaps, and strengthening accountability, investigation and learning from allergic harm.

Goal 1 aims to achieve the following outcomes.

A UK-wide Strategic Framework for Allergy, supported by all 4 governments

At the heart of Goal 1 is a commitment to treat allergic disease as a major long-term health condition within policy frameworks, with funding and accountability structures that match the scale of need. It also means ensuring that policies across sectors explicitly consider allergy and allergy-related outcomes, not as an afterthought, but as a standard expectation.

What this changes for patients: fewer 'grey areas' where responsibility is unclear; less variation in safety standards and support depending on where someone lives; and a clearer sense that allergy is taken seriously as a national priority.

Visible leadership and infrastructure to deliver the strategy

Goal 1 proposes dedicated leadership, including a National Lead (often described as an Allergy Tsar) embedded in the Department of Health and Social Care, with equivalent leads in each devolved government. It also proposes cross-sector governance structures and expert groups to drive delivery, align standards and identify regulatory gaps. It also emphasises investing in the infrastructure and people required to implement change.

What this changes for patients: faster progress, fewer stalled recommendations, and a stronger guarantee that what should happen actually does happen, because someone is responsible for making it real.

Stronger protections and safer, more inclusive education settings

For many families, school is where allergy risk feels most intense because a child cannot control their environment in the way an adult can. Goal 1 prioritises statutory, enforceable standards for allergy management in educational settings, backed by proper staff training and access to emergency medication. Through the impressive advocacy of Helen and Peter Blythe, working with the National Allergy Strategy Group, Benedict's Law, which delivers this for English schools, is now on the statute book and statutory guidance for schools in place from September 2026.

The strategy's focus thus moves to implementation of Benedict's Law and extension to devolved nations, as well as to early years and further education settings. Goal 1 also proposes recognising severe allergy as a safeguarding issue, so that children and young people with severe allergies are treated as a vulnerable group within statutory guidance.

What this changes for patients and families: children with allergies being safer in schools – fewer avoidable emergencies; faster, more confident responses when reactions happen; reduced pressure on parents to solve systemic gaps; and a stronger expectation that children can participate fully and safely at school.

Safer food environments – especially when eating out

Eating out should not feel like a high-stakes negotiation. Goal 1 highlights the need to strengthen food allergen information in hospitality settings through Owen's Law and to improve training and communication, including ideas such as a national 'hospitality skills passport' to support consistent allergen awareness in a high-turnover workforce. It also addresses the need for better reporting and learning from serious community allergic reactions, strengthening consumer confidence and public protection.

What this changes for patients: clearer information, fewer 'you have to ask' moments, fewer dangerous misunderstandings and more freedom to take part in social life without fear.

Better national reporting, investigation and learning from allergic harm

A key theme of Goal 1 is accountability: learning from severe reactions and deaths so the same preventable failures don't repeat. It proposes mechanisms such as mandated reporting of anaphylaxis in healthcare settings and reporting of allergic reactions and near-misses in educational settings, alongside stronger expectations around investigation and follow-up learning.

What this changes for patients: fewer repeated system failures, earlier warning when risks are emerging, and a culture that treats allergic harm with the seriousness it deserves.

Reducing harm from drug allergy, including mislabelling

Many people carry a drug allergy label that is never revisited, and that can lead to poorer treatment choices and unnecessary healthcare costs. Goal 1 proposes a nationally coordinated approach to improve recording and support effective 'de-labelling' where appropriate, particularly for penicillin allergy. This aligns with wider health priorities such as antimicrobial stewardship.

What this changes for patients: safer prescribing, fewer avoidable side effects from alternative medicines and better treatment outcomes.

Why Goal 1 matters: from policy to everyday life

Policy can feel distant. But, for allergy, it is often the difference between safety and risk. Our strategy around policy is designed to make safety reliable rather than optional: clear responsibilities, enforceable standards and learning systems that prevent recurrence. It underpins the strategy's broader vision to reduce the burden of allergic disease, improve quality of life and tackle inequalities across the UK.

If implemented, this means fewer families living in a constant state of vigilance, fewer people excluded from normal activities and fewer emergencies that should never have happened. Most importantly, it builds the national leadership and accountability needed so that improvements in healthcare, prevention, awareness and research (the other goals) can be delivered consistently – not just in the best-served areas, but for everyone.

A National Allergy Strategy is, at its heart, a promise: that living with allergy should not mean living with avoidable danger, avoidable disadvantage, or avoidable fear. It is transformation around policy where that promise becomes a practical plan.

Meet the author



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