Implementing the AMR National Action Plan in NEL: Where We Are and What's Next?

NEL AMR Educational Event: Reducing Antimicrobial Exposure in Childhood

24th Mar 2026

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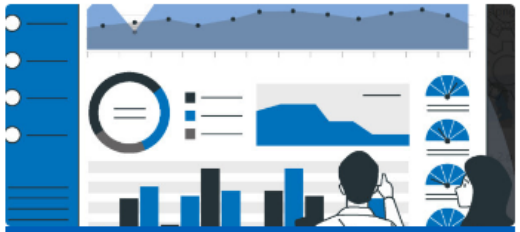
NHSE AMR programme overview

National AMR Programme

The AMR Programme sits within the Prevention and Long-Term Conditions Team (PLTC) in the Medical Directorate at NHS England (NHSE). NHSE has responsibility for delivering actions in support of the human health commitments set out in the 5- year UK AMR National Action Plan 2024-29 (NAP 2024-29), which builds on the achievements and lessons of the first NAP 2019-24. Professor Claire Fuller, National Medical Director for Primary Care, NHS England is the NHS Senior Responsible Officer (SRO) for the programme.

The AMR programme has established a series of national workstreams to support improvements in respect of managing the ambitions set out in the UK Government's AMR National Action Plan. For more information on AMR and how we work across different workstreams within NHSE to tackle AMR please click on the heading tile above to access our Team Structure and Core Information Pack.



Data

Antimicrobial Stewardship

Diagnostics

Infection Prevention and Control

New Antimicrobial De-linked Payment Model

Regional Folders

AMR remains a priority (and a concern)

May 2024
HM Government's second 5-year AMR National Action Plan 2024-2029

September 2024
"…there is still more the UK needs to do to decrease inappropriate antibiotic usage…"
Lord Darzi

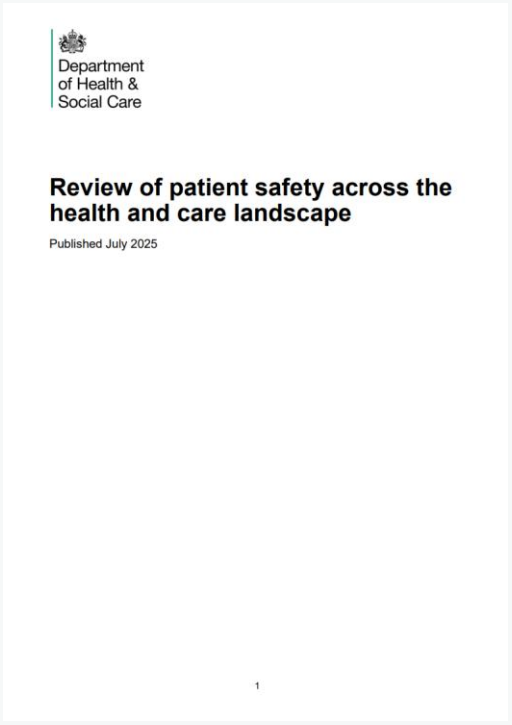
January 2025
Chronic risk: "Antimicrobial resistance (AMR) has the potential to exacerbate the risk of infectious diseases…"

February 2025
"There are huge foreseeable consequences for the world, including UK citizens, if humanity fails to address increasing resistance."
National Audit Office

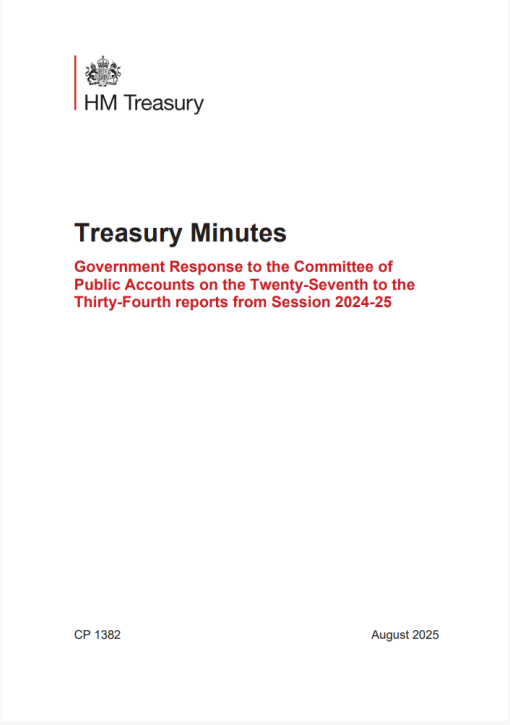
AMR remains a priority (and a concern)

June 2025
"NHS England must ensure that AMR is mainstreamed into everyday NHS policy and practice"
Public Accounts Committee

July 2025
"We will act. We will continue to deliver the National Action Plan on AMR."



July 2025
"…previous reductions in hospital-acquired *C. difficile* infections have begun to rise again."
Dr Penny Dash



August 2025
"Pilot schemes to gather evidence on clinical impact of point-of-care tests are being scoped for several primary care patient pathways, including community pharmacy."

AMR remains a priority (and a concern)

Chief Medical Officer's
Annual Report 2025
Infections

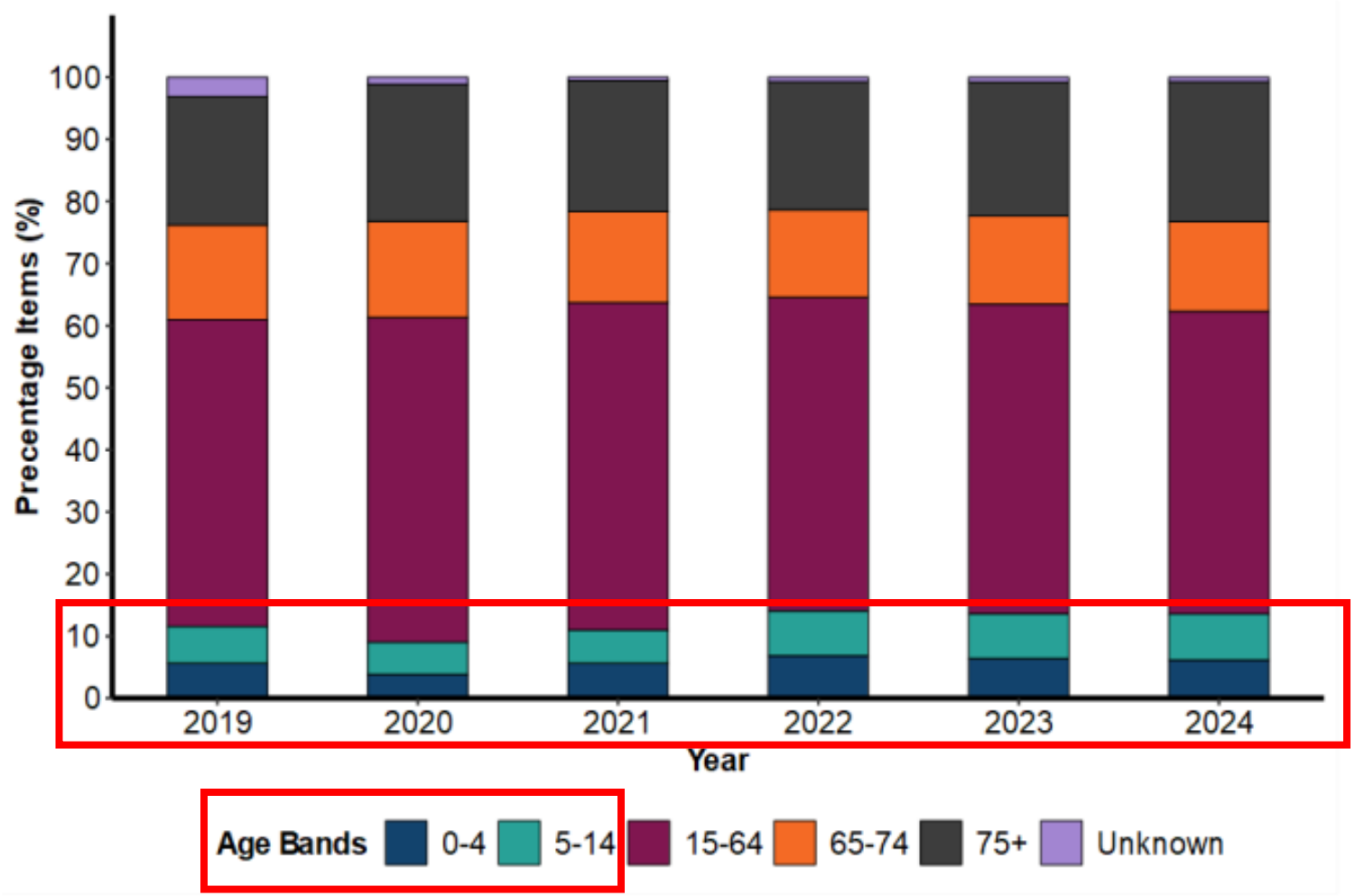
Simulated HCID exercise

Dec 2025
Prof. Chris Whitty

"**AMR continues to be a major risk…**
…Addressing AMR requires a range of co-ordinated actions to enable more accurate and judicious use of antimicrobials in the presence of infection or possible infection. Prevention of infection in the first instance, through for example vaccines and good hygiene practice, will reduce both the burden of resistant infections from spread and the opportunity for new resistance to develop – this applies to agriculture as it does to human medicine. Infection control measures in hospital and antimicrobial stewardship (reducing overuse of antimicrobials in human and animal health) are both essential. A realistic pipeline of new antimicrobials which can be used in the presence of resistance will mitigate ongoing risk."

"**We need to be much more systematic about infections in older age, where the risk is highest**. In managing common infections in elderly patients healthcare professionals should take account both of the higher probability of older patients acquiring many infections, and of infections being more likely to cause severe or recurrent disease in this age group. The difficult balance between over- and underuse of antibiotics is often more tilted towards treatment in older than younger adults in primary care."

Primary care prescribing 2019-2024 (ePACT2 dashboard)

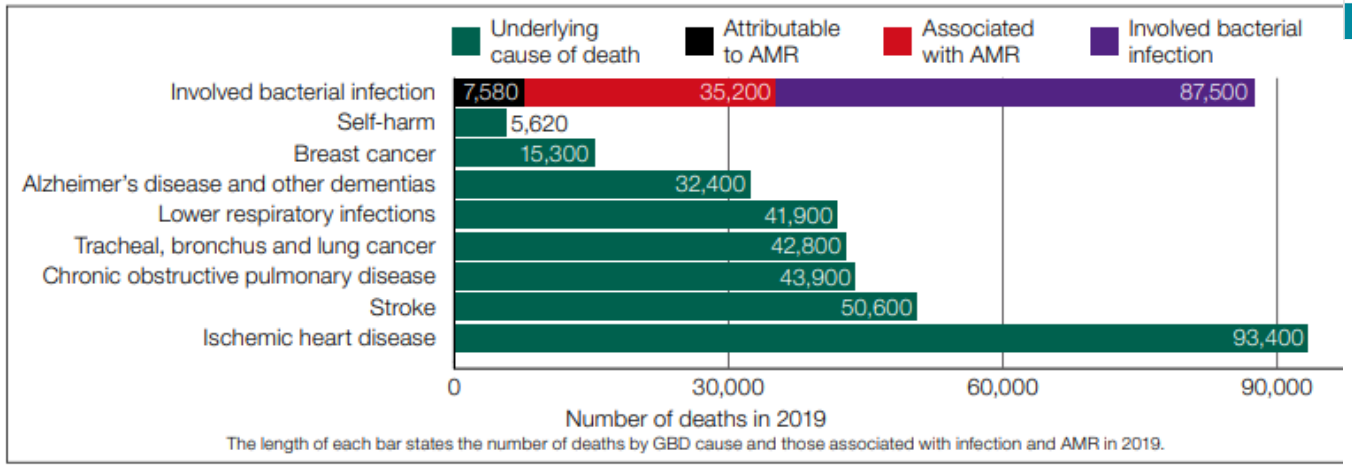


ESPAUR report 2024-25

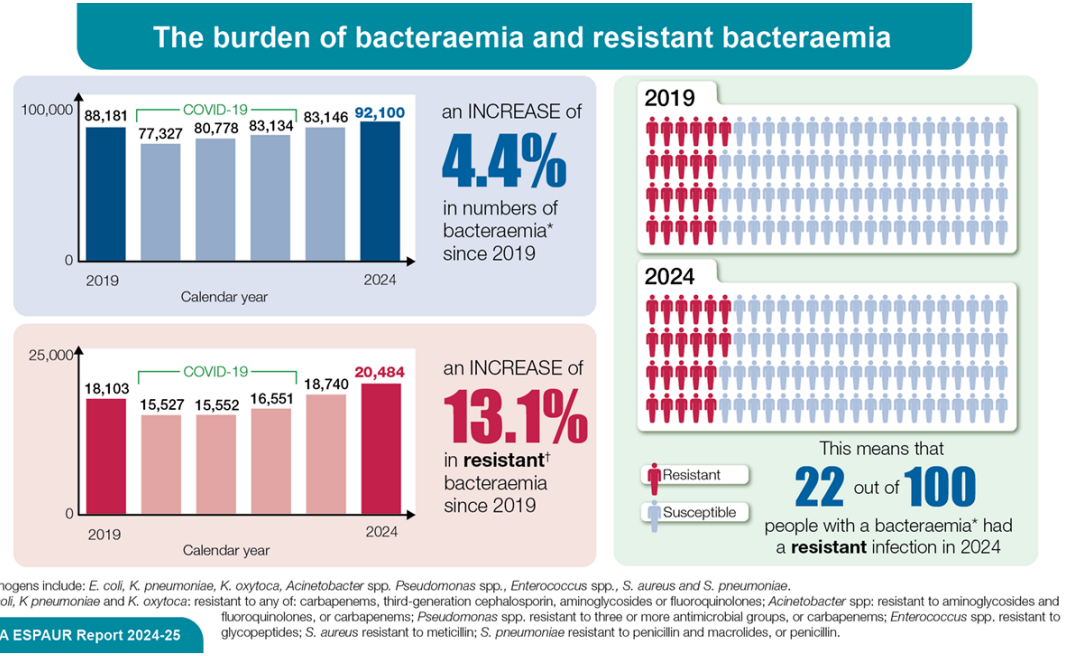
Why do we need action?

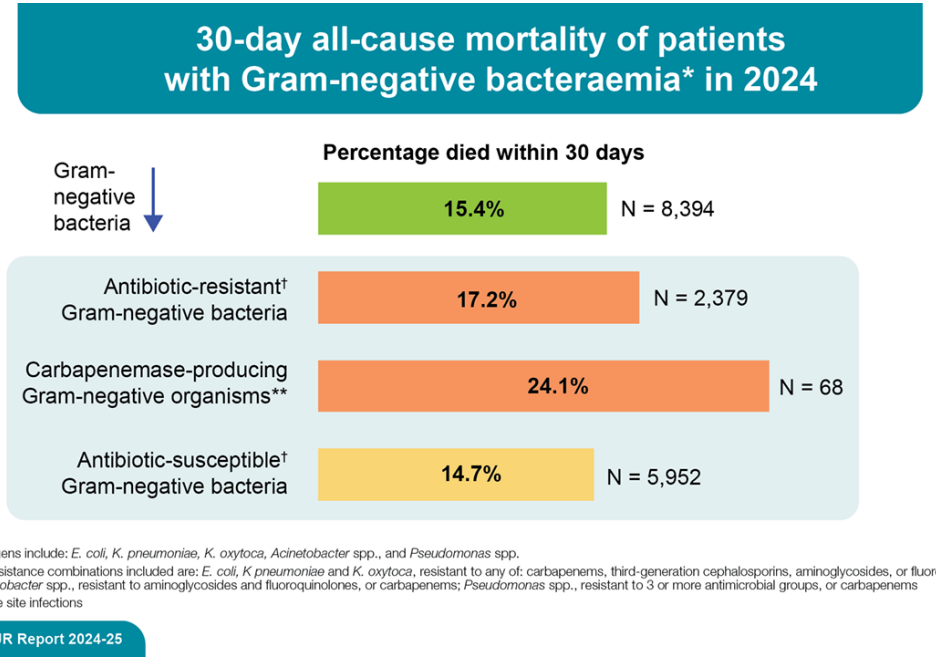
- Infection and AMR cause significant mortality and morbidity and healthcare resource utilisation
- AMR is increasing and will threaten healthcare delivery

Figure 2: impact of infection and AMR in the UK



Source: IHME Global Burden of Disease (GBD) Study 2019.

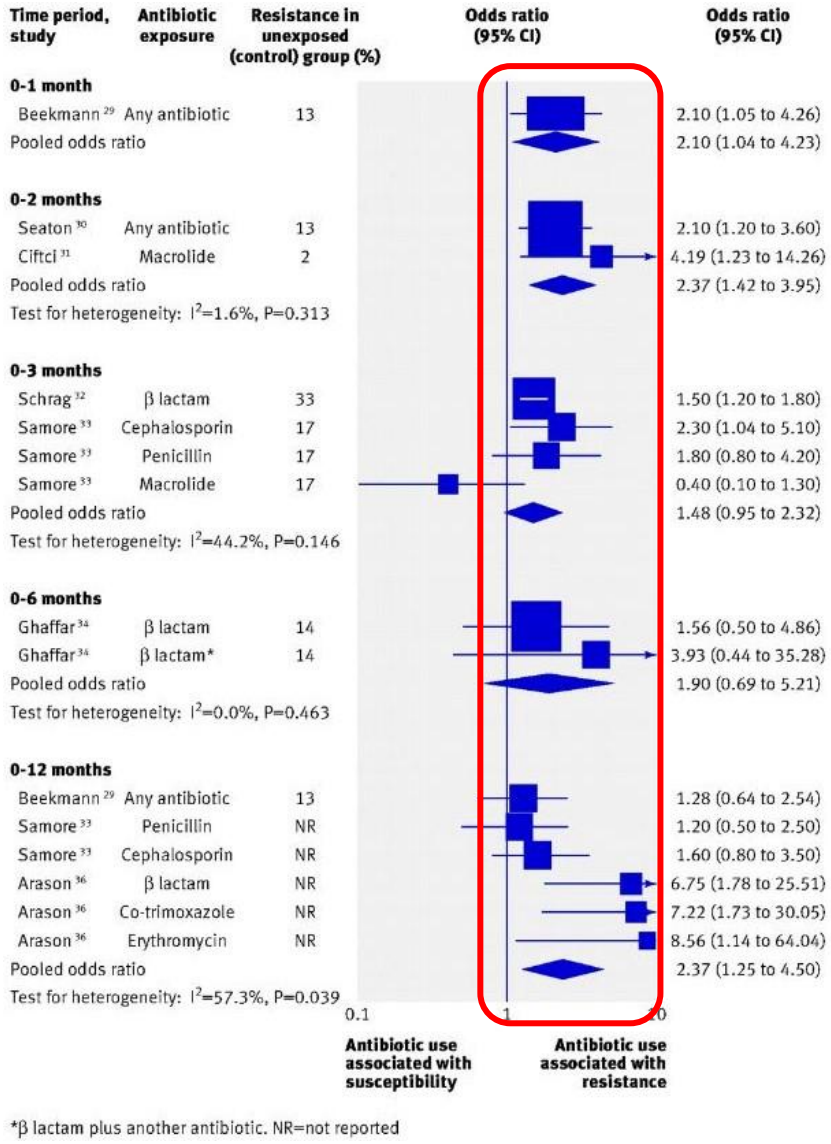




English surveillance programme for antimicrobial utilisation and resistance (ESPAUR) report - GOV.UK

Prescribing leads to individual patient level resistance

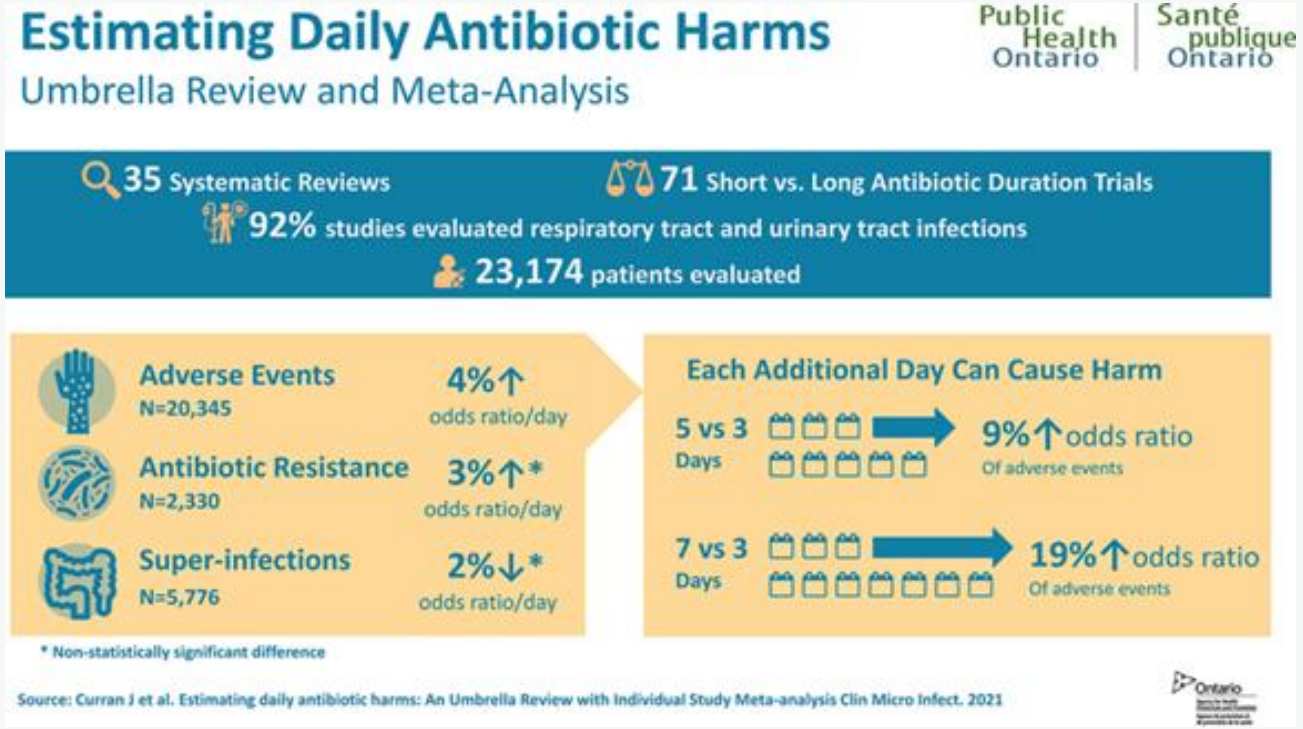
- Two weeks after prescribing amoxicillin to a child in general practice:
  - Less susceptible organism (MIC tripled)
  - Doubled risk of isolating a resistant strain (RR 1.9, 95%CI 1.2-2.9)[1]
- Meta-analysis of 7 studies looking at resistance in respiratory isolates showed that resistance can persist after prescribing for up to 12 months[2]
  - (OR 2.4, 95% CI: 1.3-4.5)



[1]Chung et al, *BMJ* 2007; **35**:429; [2]Costelloe et al, *BMJ* 2010; **340**:c2096

Antibiotics can be harmful - Every extra day of treatment matters

- Umbrella review and meta-analysis of systematic reviews of 71 RCTs comparing short and longer courses of antibiotics
- Adults and children, multiple settings but majority community
- **19.9% of patients experienced an adverse drug event**
- Each day of antibiotic therapy associated with a **4% increased odds** of experiencing an ADR
- AMR developed in 10.6% of patients, risk increased by **3%** for every additional day of treatment



Curran et al, Clin Microbiol Infect 2022; 28:479-490

Impact of exposure to antibiotics in early life

		Hazard ratio/incidence rate ratio (95% CI)				
Country	**Sample size**	**Exposure period**	**Asthma**	**Food allergies**	**Intellectual disability**	**Obesity**
Minnesota, USA	14,572	0-2 years	**1.90** (1.63-2.23)	1.33 (0.99-1.77)	**1.21** (1.03-1.43)	**1.20** (1.10-1.32)
United Kingdom	1 million	0-2 years	**1.24** (1.22-1.6)	**1.33** (1.26-1.40)	Dose dependent increased HR	*Not studied*
Iceland	22,393	During delivery to 1st week of life*	**1.91** (1.40-2.59)	NS	*Not studied*	*Group II significantly heavier at 1.5 and 4 years*

*3 groups: I: during C-section, II: during vaginal delivery, III: for at least 48h within 1st week of life

"..early life microbiome composition is a critical health determinant…. perturbations during key developmental periods can have long term consequences"[1]

[1]Aversa et al, 2021; [2]Beier et al, 2025; [3]Baeringsdottir et al, 2025

National Action Plan on AMR

9 strategic outcomes underpinned by 30 commitments that set out the activity that government organisations will undertake to confront AMR

Figure 1. The nine strategic outcomes for the 2024 to 2029 national action plan

Reducing the need for, and unintentional exposure to, antimicrobials

1. Infection prevention & management
2. Public engagement & education
3. Strengthened surveillance

Optimising the use of antimicrobials

4. Antimicrobial stewardship & disposal
5. AMR workforce

Investing in innovation, supply and access

6. Innovation & influence
7. Using information for action
8. Health inequalities

Being a good global partner

9. AMR diplomacy

NAP 2024-2029 Human Health Targets

Target 1a: by 2029, we aim to prevent any increase in a specified set of drug-resistant infections in humans from the 2019 to 2020 financial year (FY) baseline.

Target 1b: by 2029, we aim to prevent any increase in Gram-negative bloodstream infections in humans from the 2019 to 2020 financial year baseline.

Target 2a: by 2029, we aim to increase UK public and healthcare professionals' knowledge on AMR by 10%, using 2018 and 2019 baselines, respectively.

Target 4a: by 2029, we aim to reduce total antibiotic use in human populations by 5% from the 2019 baseline.

Target 4b: by 2029, we aim to achieve 70% of total use of antibiotics from the Access category (new UK category) across the human healthcare system.

Actions to support meeting NAP AMU Targets

2.3 Shifting from sickness to prevention

The 10 Year Health Plan is clear that we need to shift from an NHS that focuses on treating patients to one that improves the lives of the population by preventing ill health or slowing the exacerbation of ill health. This approach will improve the outcomes and experiences of patients and improve the management of demand for general practice and acute care services.

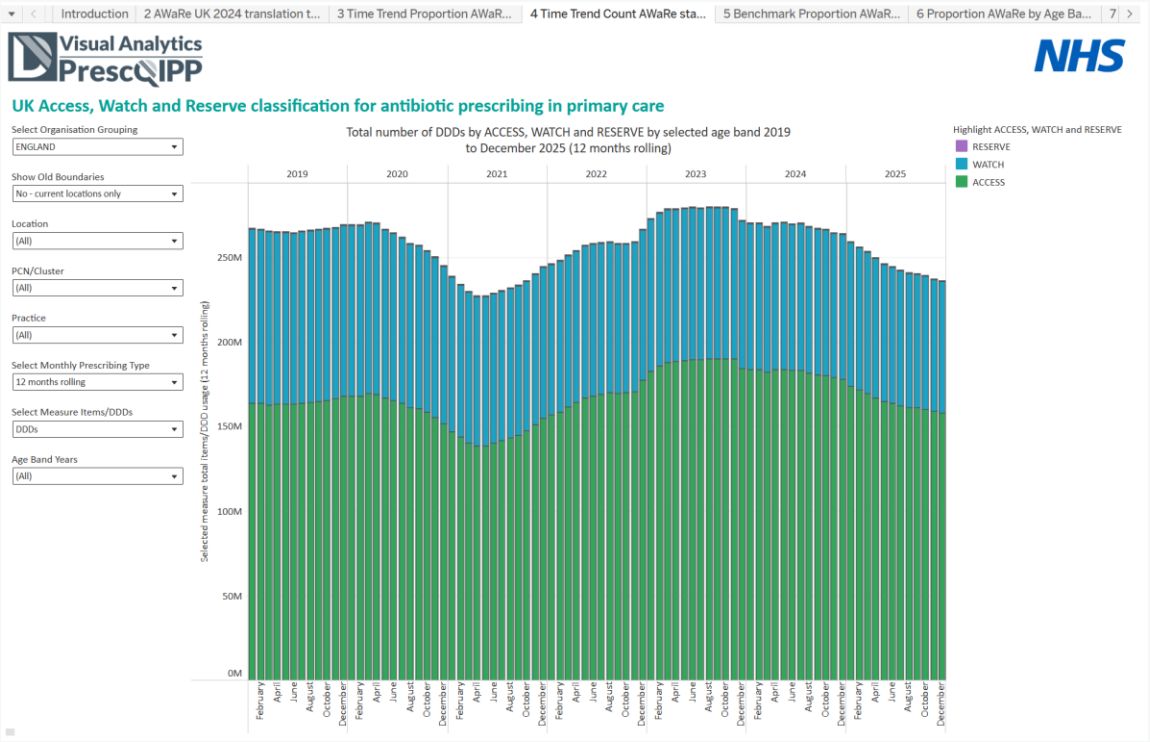
ICBs must ensure their 5-year plans support the following preventative goals:

- a significant focus on tackling obesity. Specifically:
  - in 2026/27, to be making demonstrable progress in delivery of new obesity service models to improve advice and support, access to treatment, and effective management of obesity, including providing access to weight loss medications and strengthening specialist provision, including complications of excess weight clinics for children and young people
  - by the end of June 2028, to have provided access to National Institute for Health and Care Excellence (NICE) approved weight loss treatments for an initial eligible cohort of around 220,000 adults
  - by the end of March 2029, to be making 250,000 referrals to the NHS Digital Weight Management Programme a year
- supporting the target of a 25% reduction in CVD-related premature mortality over the next 10 years, including working in partnership with local authorities to test the new NHS Health Check online service and to scale it across the country
- implementing opt-out models of tobacco dependence in routine care
- reducing exposure to antibiotics to meet thresholds set in recent guidance and addressing problematic polypharmacy to reduce avoidable harm
- demonstrating how they will reduce health inequalities in the exercise of their functions

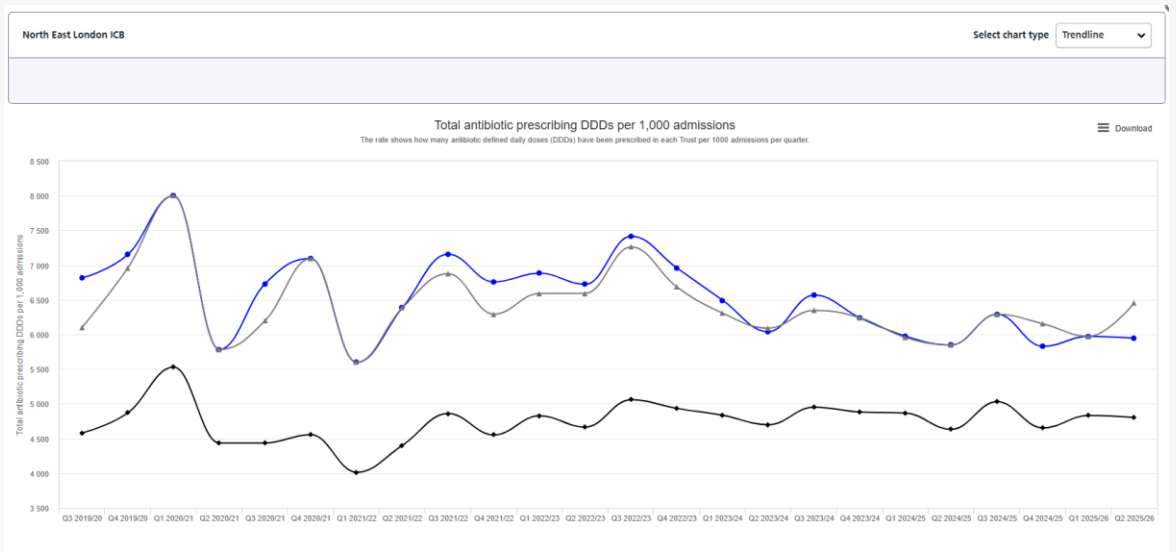
Further detail on emerging national standards and legislation related to prevention will follow.

NAP progress

[UK Access, Watch and Reserve classification for antibiotic prescribing in primary care]

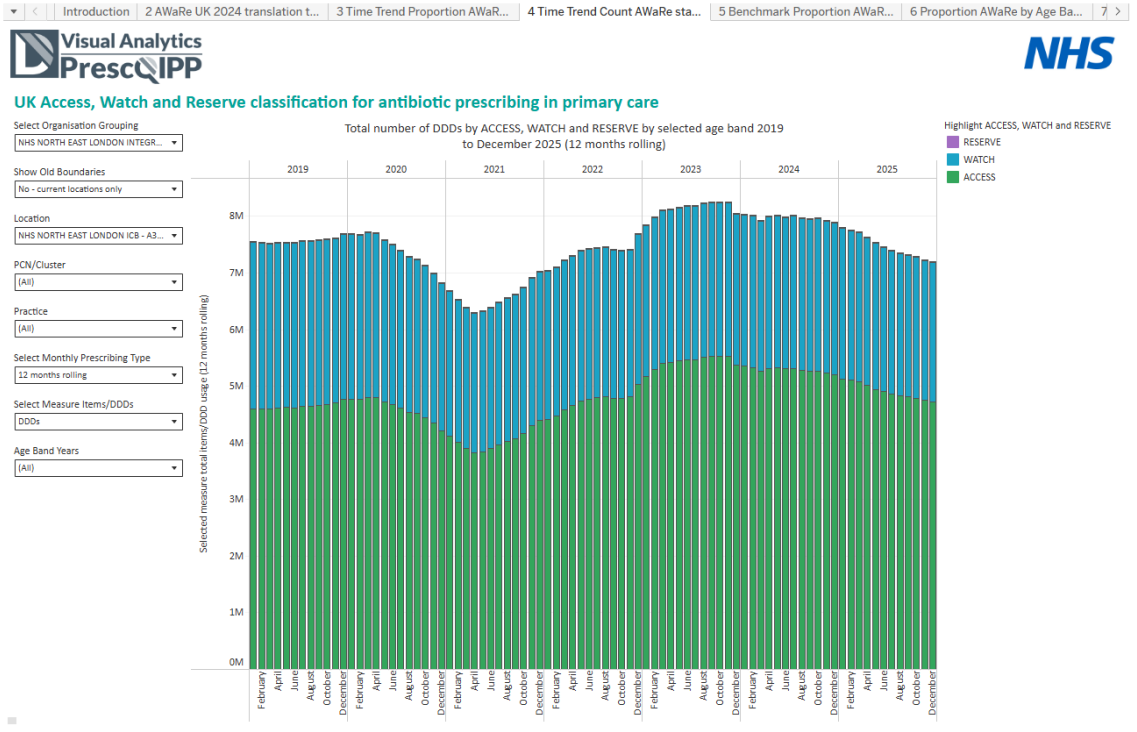


[View metric - Total antibiotic prescribing DDDs per 1,000 admissions - Model Health System]

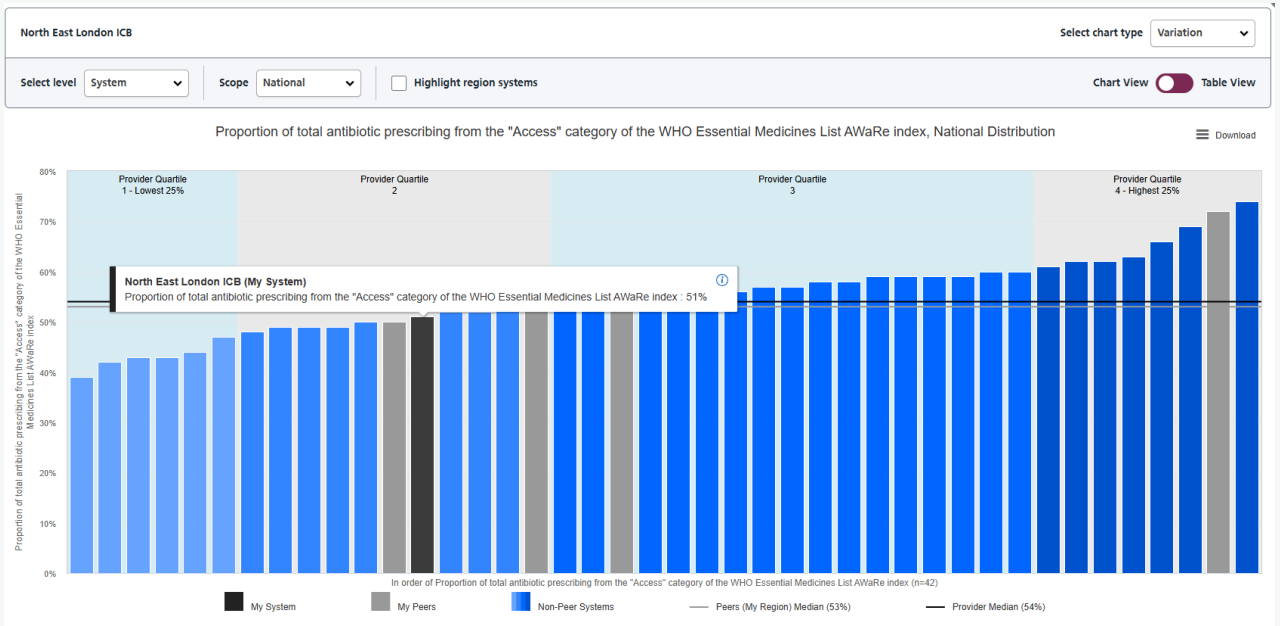


NWL NAP progress

[UK Access, Watch and Reserve classification for antibiotic prescribing in primary care]



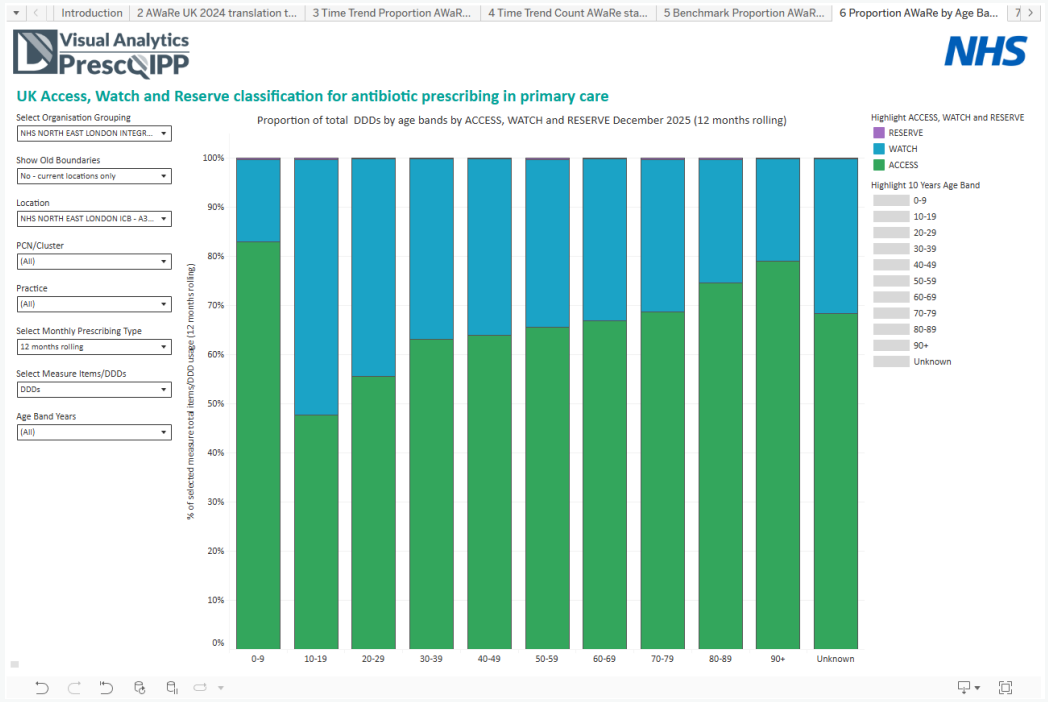
[View metric - Proportion of total antibiotic prescribing from the "Access" category of the WHO Essential Medicines List AWaRe index - Model Health System]

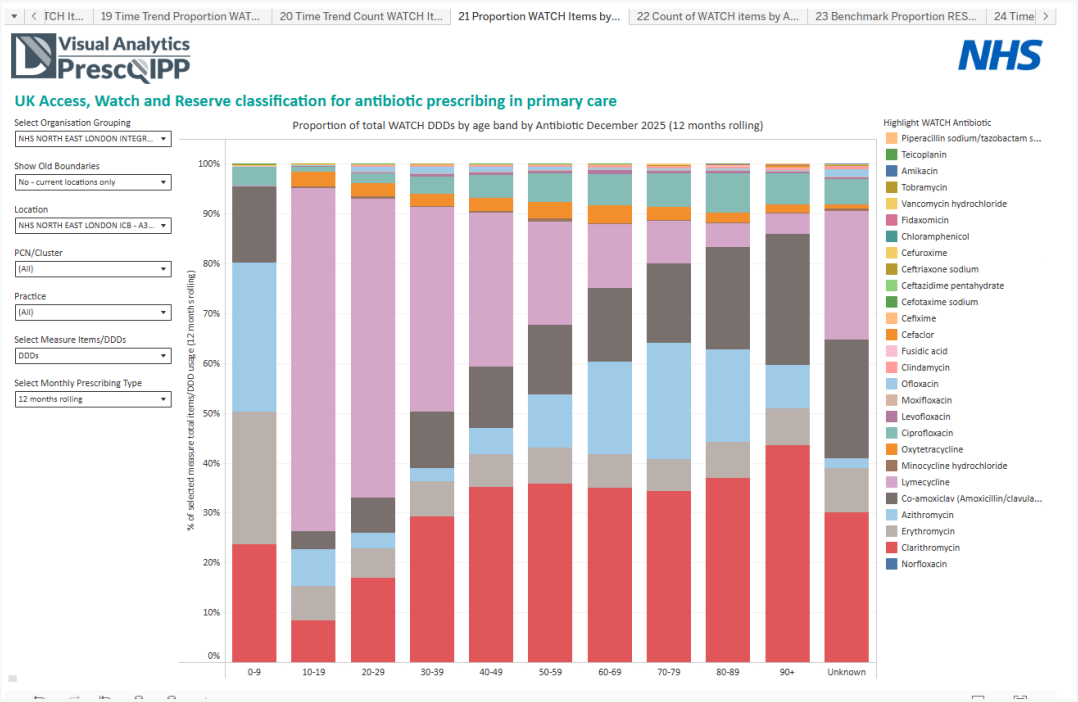


Actions to support delivery of AMU targets in NAP

Primary Care

- NHS Oversight Framework 2025-26 – reducing unnecessary antibiotic use in Children age 0-9
- Optimising antimicrobial duration in primary care:
- Interventions to reduce use of “Watch” antibiotics (largest opportunity Lymecycline and macrolides – data available in *PrescQIPP AWaRe dashboard)*

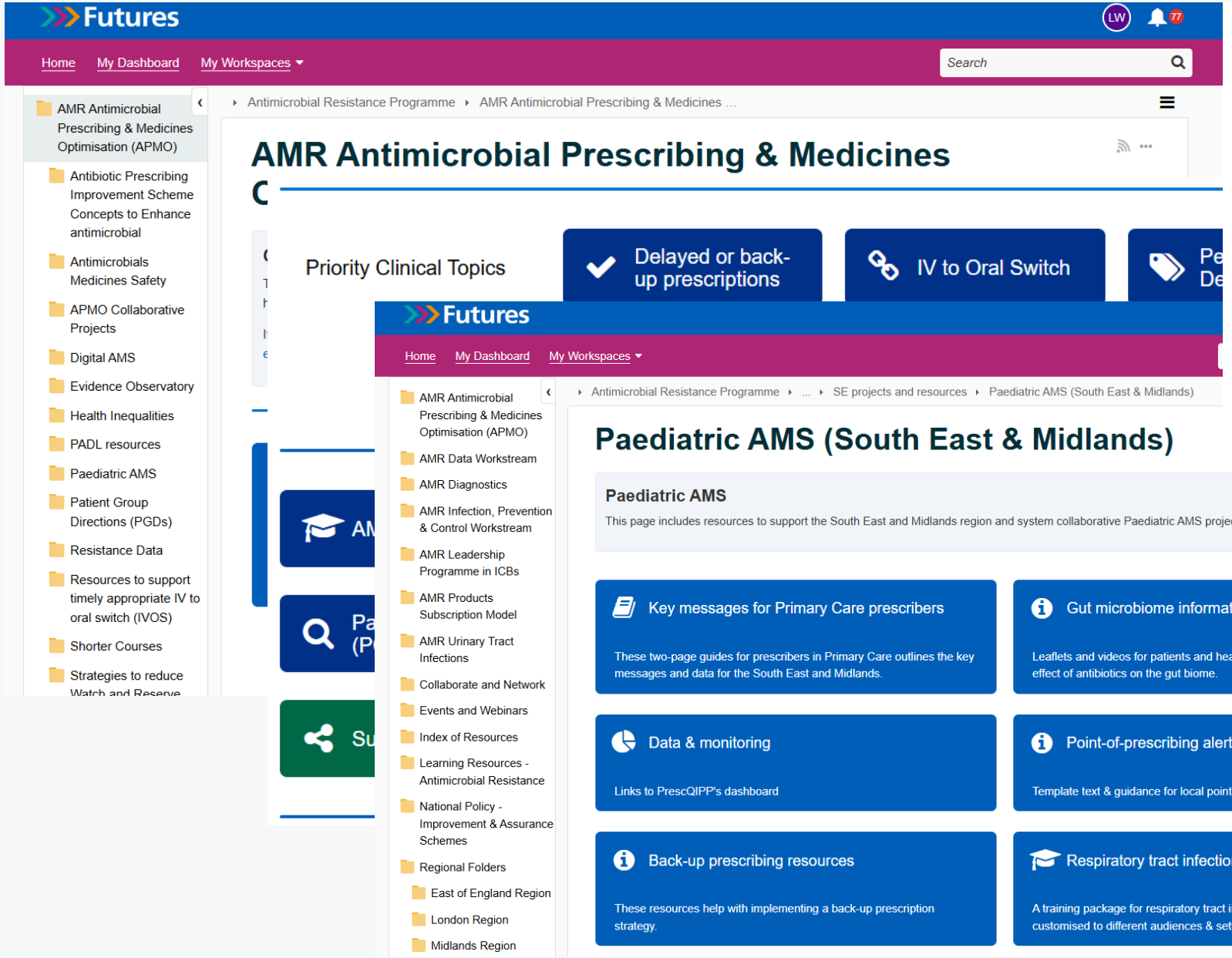




NHSE Antimicrobial Prescribing & Medicines Optimisation (APMO) workstream

Aim: To optimise clinical outcomes for patients with infection while safely mitigating the risk of AMR

Strategic Goals	Behaviour Change Enablers	Priority Action Areas
• Avoid infection • Reduce demand • Reduce exposure • Optimise use • Weigh impact • + Safeguard patients • + Ensure health equity	• Public empowerment • Workforce • Knowledge mobilisation • Decision-support • Data • Digital • Diagnostics • Research • Policy • Commissioning • Governance	1. Overprescribing 2. Paediatric AMS 3. Shorter courses 4. Recurrent infection 5. Antibiotic-sparing strategies 6. Back-up prescribing 7. Narrow-spectrum 8. IV-to-oral switch 9. Penicillin allergy de-labelling



[AMR Antimicrobial Prescribing & Medicines Optimisation (APMO) - Antimicrobial Resistance Programme - Futures]

Thank You

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