

## Your Voice Matters: Comment Form for draft Strategic Objectives section of the UK National Allergy Strategy

The UK National Allergy Strategy will have several sections, one of which is a table of proposed high-level strategic Key Objectives and related top-line priority Actions that need to be delivered over the next 10 years. This table covers a breadth of issues that nearly 200 experts across nine working groups have chosen as important to include in the strategy.

We are asking you to:

- Read through this draft table. Use this comments form to suggest any **essential and major revisions that could be made**, with your reasons why.
- **Consider if there is anything missing**, and if so to share your thoughts on what these may be, with your reasons why.
- These have been through several expert working group review processes, so we are **not** asking you to make minor changes to text or wording, unless you feel something needs clarification.
- If you do not have a comment to share on a particular point (i.e. no changes you can see are needed) then please do not comment.
- All comments shared will be considered and, where approved, included in the final draft of this section.

Please complete the following details. Any forms received without these details will not be considered. We may not be able to include all individual names of stakeholders who have commented, but we will aim to ensure representatives of organisations are listed where consent has been authorised.

*NB: A downloadable PDF of the draft Strategic Objectives section is available on the NASG website. We have coded each Goal, Key Objective and Action with a number/letter. Please include the relevant number/letter in the columns below, as shown in the examples, so that we are able to see which Goal, Key Objective and/or Action your comments relate to, otherwise we will not be able to review those comments. Please insert additional rows to this table as needed.*

<b>Goal Number</b>	<b>Key Objective Number/ Letter</b>	<b>Action Number/ Letter</b>	<b>Suggested Major Revisions and/or Gaps</b>	<b>Evidence/Reason for suggestion with references (where available)</b>
<b>EXAMPLE: 2</b>	<b>2C</b>	<b>2C2</b>	<b>Make recommendations for new <i>allergy</i> standards for primary, secondary and tertiary care levels, where appropriate</b>	<b>See bold – feel it brings clarity to the sentence.</b>

<b>EXAMPLE: 3</b>	<b>3B</b>	<b>3B1</b>	<b>GAP: Provide wording here for point you feel is a gap</b>	<b>Brief point on why you think point should be included</b>
		1A1: Allergy is formally recognised as a major chronic health condition within UK-wide health policy frameworks, with associated funding and accountability structures.	Amend phrasing of allergy as ‘chronic health condition’.	We have suggested this as allergy is not a disease it is a mechanism that manifests in a number of diseases.
		1B1: Support for the NASG core team to deliver the implementation phase of the strategy. 1B2: Investment in infrastructure and human capital to support delivery of key objectives	These asks could be made more specific.	Currently they could be read as slightly nebulous which could make action by decision-makers less likely.
		1C3: Allergy Tsar or similar senior representative role	‘Tsar’ language could be made more consistent with other high-level government/NHS roles. In this vein, there should be more clarity about the responsibilities for this role and what they are expected to achieve, and that should correlate with the title of the role.	As explained.
		1F: Adoption of Benedict’s Law to ensure mandatory safety measures are a legal requirement in all UK schools to prevent further deaths of children in school due to a failure in policy and preparedness	Could this be further built on? As most people requiring adrenalin are over the age of 18 proportionally, if we are doing this for schools could we suggest preventative action for other institutions?	As most people requiring adrenalin are over the age of 18 proportionally, if we are doing this for schools could we suggest preventative action for other institutions?
		1I1: Revise legislation and/or guidance to ensure that statutory annual training is a requirement	This may not be achievable or proportionate when compared to other diseases and health conditions that schools also have to manage.	It may not be realistic to expect all school staff to be competent in managing all diseases. Schools have first aiders and

<p>for all school staff relating to how to identify an allergic reaction, respond in an emergency (including administration of medicines such self-administered adrenaline devices) and routine measures to reduce the risk of allergic reactions including anaphylaxis</p>		<p>ensuring they are well trained, with a school management plan in place, may make more sense and be more achievable.</p>
<p>1P1: Support the food sector (and particularly SMEs) to undertake their own basic risk assessments, and how to communicate any risk where this cannot be mitigated.</p>	<p>It may be useful to define when ‘may contain nuts’ occurs.</p>	<p>If processes are in place to prevent cross contamination then it could be more helpful to consumer to state the product doesn’t contain nuts. It is dangerous that no one knows what to do with this labelling.</p>
<p>1Q2: Establish a national referral mechanism to support timely assessment of perioperative anaphylaxis throughout the 4 nations and improve surveillance / pharmacovigilance in partnership with the Medicines and Healthcare Products Regulatory Agency (MHRA)</p>	<p>Clarity is needed on what the national referral mechanism would constitute, and assurance would be needed that this wouldn’t duplicate with the yellow card process. There is a question about whether this would be needed in addition to yellow card.</p>	<p>Potential for confusion and duplication.</p>
<p>1R5: Support infrastructure upgrades to include indoor air quality monitoring, HEPA filtration, and adequate air exchange in high-density environments</p>	<p>We would suggest including the evidence of the efficacy of these interventions.</p>	<p>To ensure credibility.</p>

<p>1S10: Incorporate allergen-sensitive design into national urban greening strategies.</p>	<p>Further detail could be provided on the definition of what this constitutes specifically.</p>	<p>For clarity.</p>
<p>1S11: Replace high-allergen vegetation (e.g., birch, hazel) with less allergenic species (e.g., plantain, dock, sorrels, and willow) in schools, parks, and residential spaces</p>	<p>This is a very significant and far reaching ask, without a strong enough evidence base to support it.</p>	<p>To ensure credibility.</p>
<p>2D7: Mandate engagement with BRIT registry for centres providing immunotherapy, omalizumab and food immunotherapy.</p>	<p>Mandating engagement is likely too strong an ask unless funding is attached to support this.</p>	<p>Feasibility of recommendation.</p>
<p>2H3: Include red flag indications to identify patients requiring rapid access to specialist services.</p>	<p>It would be helpful to provide clarity on the definition of a red flag indication.</p>	<p>For clarity.</p>
<p>3B5b: Encourage good antimicrobial stewardship to reduce inappropriate use of antibiotics.</p>	<p>We would suggest this doesn't fall directly within the remit of allergy, and it may be more appropriate for microbiology and infectious diseases colleagues to take the lead on this area.</p>	
<p>3D1: Food: Train NHS staff in food allergen immunotherapy protocols and offer this treatment in line with NICE guidance to prevent allergic reactions, anaphylaxis and death.</p>	<p>It would be helpful to define exactly which NHS staff are being referred to here.</p>	<p>For clarity.</p>

<p>4G1: Build “allergy” into everyday public knowledge, for example through inclusion in the national curriculum: food allergy, skin allergy (eczema)</p>	<p>It may be helpful to tighten up the terminology here – for example this could be interpreted as eczema being synonymous with allergy. This could drive poor understanding and could increase demand for inappropriate allergy testing as a cause of eczema.</p>	<p>To avoid confusion and potential inappropriate interventions.</p>
<p>5B: Increase research infrastructure</p>	<p>We could strengthen this section more generally to be more specific about the research infrastructure needed, and not just call for funding alone. This is a critical area given our knowledge gaps, so it would be helpful to tighten up the recommendations.</p>	<p>To increase feasibility and specificity of recommendations.</p>
<p>5C1: Establish a strategic expert panel to help to bridge the gap between research knowledge and implementation in routine clinical care.</p>	<p>This could constitute duplication – it may be better to use existing NHS infrastructure such as Health Innovation Networks.</p>	<p>To avoid duplication.</p>

**Please send back by 28.11.2025 per email to: [carla.jones@nasguk.org](mailto:carla.jones@nasguk.org)**