RESEARCH • POLICY • PRACTICE

University of Hertfordshire UH

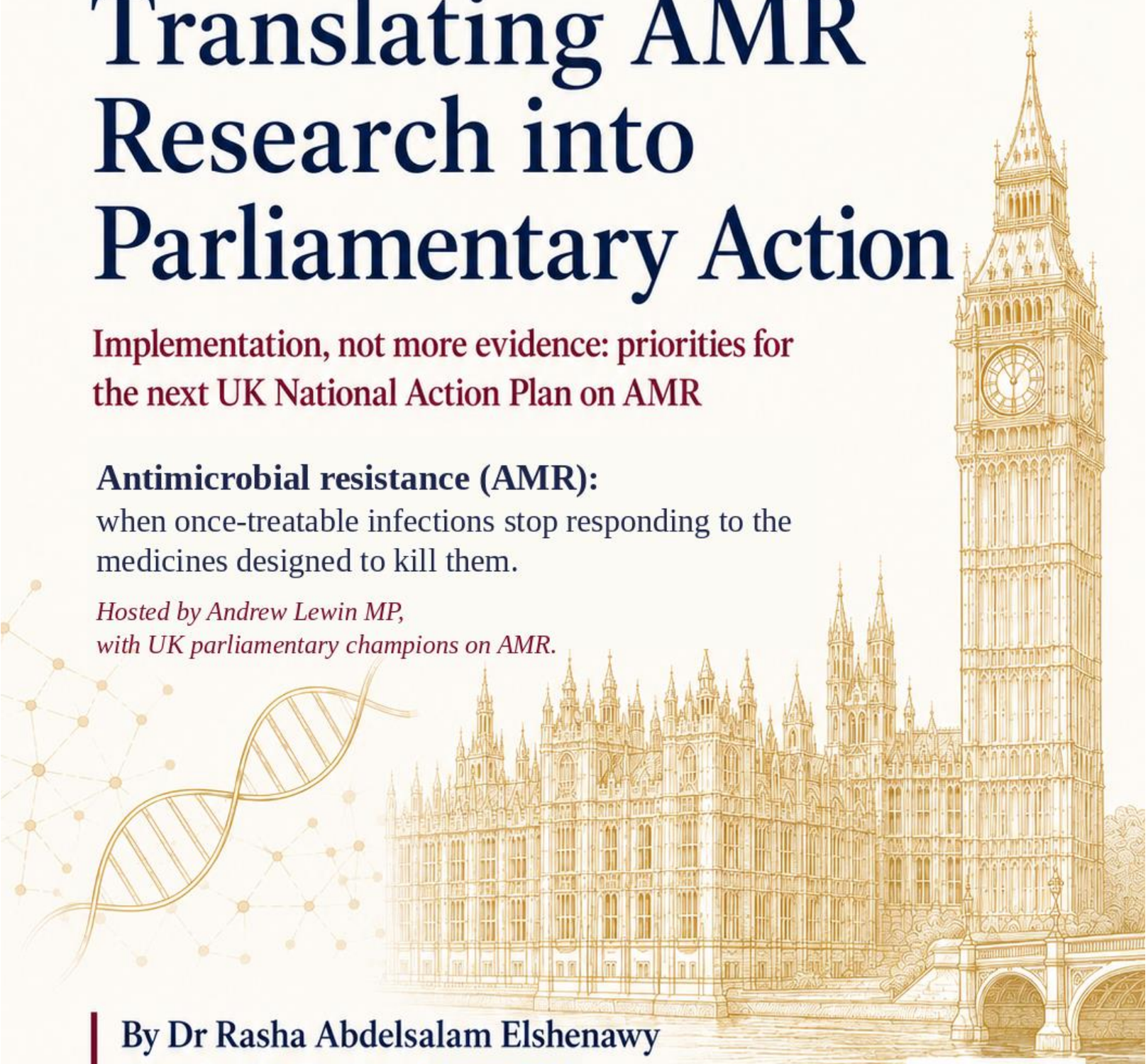
POLICY BRIEF

Translating AMR Research into Parliamentary Action

Implementation, not more evidence: priorities for the next UK National Action Plan on AMR

Antimicrobial resistance (AMR):
when once-treatable infections stop responding to the medicines designed to kill them.

Hosted by Andrew Lewin MP,
with UK parliamentary champions on AMR.



By Dr Rasha Abdelsalam Elshenawy
University of Hertfordshire | August 2026

Following a Parliamentary Roundtable on Antimicrobial Resistance, Westminster, 18 May 2026

Delivered with an ESRC Impact Acceleration Account award

UKRI Economic and Social Research Council

POLICY BRIEF · THE AMR INTERFACE · AUGUST 2026

Translating AMR Research into Parliamentary Action

Implementation, not evidence: priorities for the next UK National Action Plan on AMR

About this brief

Lead author. Dr Rasha Abdelsalam Elshenawy, AMR Consultant and AMR/AMS Global Health Policy Expert; Senior Lecturer and Principal Investigator, Department of Medicine, Public Health and Life Sciences, University of Hertfordshire, College Lane, Hatfield AL10 9AB, UK; and convener and lead of the Parliamentary Roundtable on Antimicrobial Resistance. She is a clinical pharmacist and researcher whose work spans antimicrobial stewardship implementation, the WHO AWaRe framework and the translation of research into health-system and parliamentary action, including written evidence to the House of Commons Public Accounts Committee inquiry on AMR (AR0005).

Funding and support. This work was supported by the Economic and Social Research Council (ESRC) Impact Acceleration Account at the University of Hertfordshire [ES/X004309/1].

In one sentence

The UK has strong antimicrobial resistance (AMR) evidence and policy frameworks, but now needs implementation infrastructure, measurable accountability and a standing research–policy–practice interface to deliver the next phase of the National Action Plan.

Contents

About this brief 2
Contents 3
Executive summary 4
Key messages 5
Glossary 6
Foreword 6
1 Introduction and background 7
2 The Parliamentary Roundtable 7
3 Key findings 8
3.1 Stewardship as professional practice 8
3.2 One Health beyond healthcare 8
3.3 Diagnostics, digital infrastructure and responsible AI 8
3.4 Sustained innovation and the regulatory pathway 8
3.5 Research–policy interface and public engagement 9
4 Policy recommendations 9
What we are asking policymakers to do 12
5 Conclusion 12
Contact, funding and disclaimer 13
Evidence base and references 13
Appendix A Participating organisations and stakeholders 16
Appendix B Methodology, evidence and dissemination 18
Methodology 18
Evidence sources 18
Dissemination and impact monitoring 18
Acknowledgements 18

Executive summary

Antimicrobial resistance (AMR) is the process by which infections stop responding to the medicines used to treat them. It already costs lives, lengthens hospital stays and raises costs in the UK and worldwide. The UK has built strong evidence, frameworks and policy on AMR, most developed in human health and increasingly across the animal, agricultural, food and environmental sectors. The challenge now is delivery: turning what we already know into action at scale.

This brief draws on a cross-sector Parliamentary Roundtable held at the House of Commons on 18 May 2026 and on the wider evidence base. Its central argument is that the next National Action Plan (NAP) should prioritise implementation, not more evidence, underpinned by measurable accountability and a standing research–policy–practice interface.

Where stakeholders agreed: that stewardship must become routine professional practice; that One Health must move from principle to connected delivery; that diagnostics and interoperable data are the precondition for everything else; that innovation must be protected and tied to responsible use; and that a durable research-to-Parliament link is the mechanism that holds it all together. Discussions were held under the Chatham House Rule and were broadly consensual, with differences mainly of emphasis and sequencing rather than direction.

In summary, the five recommendations are:

1. Make AMR stewardship a core practice and safeguard prescribing.
2. Operationalise One Health stewardship.
3. Build diagnostics, interoperable data and responsible AI.
4. Sustain innovation and the regulatory pathway.
5. Establish a standing research–policy interface and public engagement.

We ask parliamentarians, the UK parliamentary champions and Government to recognise AMR implementation as a patient safety and health security priority; to support a standing AMR Research–Policy–Practice Interface; to ensure the next NAP refresh includes measurable implementation indicators; to strengthen stewardship safeguards as prescribing rights expand; and to invest in diagnostics, interoperable data and responsible AI as core AMR infrastructure.

Key messages

- **Implementation, not evidence.** The UK's central AMR challenge is no longer generating evidence but adopting and strengthening existing stewardship, surveillance and policy tools at scale, so that resistant infections, avoidable deaths and associated costs begin to fall.
- **Stewardship as a core practice.** Reposition antimicrobial stewardship as routine professional practice and patient safety (embedded in education, prescribing governance and revalidation) and safeguard the 2026 expansion of pharmacist independent prescribing with audit, feedback and diagnostic stewardship**.**
- **Operationalise One Health.** Integrate human, animal, food, plant and environmental surveillance, scaling wastewater monitoring linked to existing AMR systems and reducing environmental drivers.
- **Diagnostics, data and responsible AI.** Treat rapid diagnostics and interoperable data as the precondition for effective stewardship and deploy AI only with strong governance, data quality and clinical oversight.
- **Sustain innovation.** Protect and improve the UK antibiotic subscription model, support adaptive regulation and the MHRA sandbox and advance alternatives such as phage therapy and antifungals with responsible-use safeguards.
- **A standing research–policy interface.** A permanent research-to-Parliament interface, with embedded patient and public engagement, keeps evidence and delivery aligned across the next National Action Plan.

Glossary

AMR: Antimicrobial resistance	When microorganisms evolve to withstand the medicines designed to kill them, making once-treatable infections harder or impossible to treat.
AMS: Antimicrobial stewardship	Coordinated action to promote the appropriate use of antimicrobials, improving patient outcomes and reducing resistance.
One Health	An integrated approach recognising that human, animal, food and environmental health are interconnected and must be addressed together.
WHO AWaRe	The World Health Organization's Access, Watch, Reserve classification of antibiotics, guiding responsible prescribing.
NAP	The UK National Action Plan on Antimicrobial Resistance; the current plan runs 2024–2029.
Diagnostic stewardship	Ensuring timely, appropriate diagnostic testing to guide targeted treatment and reduce unnecessary antimicrobial use.
PAC	House of Commons Public Accounts Committee.
DHSC	Department of Health and Social Care.
UKHSA	UK Health Security Agency; the national agency for health protection and AMR surveillance.
MHRA	Medicines and Healthcare products Regulatory Agency; the UK regulator for medicines and medical devices.
MHRA regulatory sandbox	A controlled, supervised environment in which regulators and developers can test innovative products and pathways to bring them to patients safely and more quickly.
NICE	National Institute for Health and Care Excellence.
GPhC	General Pharmaceutical Council; the regulator for pharmacists in Great Britain.
Defra	Department for Environment, Food and Rural Affairs.
VMD	Veterinary Medicines Directorate.
FSA	Food Standards Agency.
ESRC	Economic and Social Research Council.
BSAC	British Society for Antimicrobial Chemotherapy.

Foreword

Antimicrobial resistance is one of the defining health challenges of our time and the United Kingdom has long been a global leader in confronting it. Leadership now depends less on producing new evidence than on delivering the tools we already have. This brief, arising from a cross-sector Parliamentary Roundtable, sets out practical, affordable steps to accelerate implementation and inform the next National Action Plan. I commend these recommendations to parliamentarians and to Government and thank our parliamentary hosts, the parliamentary champions and everyone who contributed to the discussion.

Dr Rasha Abdelsalam Elshenawy
Convener, Parliamentary Roundtable on Antimicrobial Resistance; University of Hertfordshire

1 Introduction and background

Antimicrobial resistance (AMR) is one of the most significant threats to global health, patient safety and the sustainability of modern healthcare. The United Kingdom is internationally recognised as a leader in AMR policy, through successive National Action Plans, a One Health approach and contributions to global initiatives (UK Parliament, 2025; UK Parliament, 2025a). The current UK National Action Plan 2024–2029 sets out ambitions to reduce infections, optimise antimicrobial use, strengthen surveillance, support innovation and raise awareness. The UK Health Security Agency (UKHSA) reported that resistant infections continue to drive higher mortality, longer hospital stays and rising costs (UKHSA, 2024).

In 2025, the House of Commons Public Accounts Committee inquiry, Addressing the Risks of Antimicrobial Resistance (AR0005; HC 646), called for stronger implementation across professional practice, workforce, diagnostics, surveillance and accountability (Elshenawy et al., 2025). Subsequent peer-reviewed work by Elshenawy et al. translated these findings into a crisis-resilient antimicrobial stewardship framework, emphasising stewardship systems that maintain effectiveness during disruptions, workforce pressures and public health emergencies (Elshenawy, 2025).

The Westminster Health Forum conference, Next Steps for Tackling Antimicrobial Resistance in the UK (April 2026), reinforced the need to move beyond evidence generation towards implementation and identified four strategic priorities: implementation infrastructure, diagnostic capacity, sustainable innovation pathways and stronger mechanisms for translating research evidence into parliamentary action (Westminster Health Forum, 2026; Abdelsalam Elshenawy, 2026).

Across these strands, a consistent message emerges: the principal challenge facing UK AMR policy is no longer the generation of evidence, but its implementation. Although these strands come from different sources, they converge on the same diagnosis. Effective stewardship frameworks, surveillance systems, prescribing guidance and policy tools already exist; their impact depends on adoption across healthcare organisations, professions, agencies and wider society and increasingly across the animal, agricultural, food and environmental sectors. This brief was developed in response to that challenge.

2 The Parliamentary Roundtable

Convened and led by Dr Rasha Abdelsalam Elshenawy under the ESRC Impact Acceleration Account at the University of Hertfordshire, the Parliamentary Roundtable on Antimicrobial Resistance was held at the House of Commons on 18 May 2026. It was hosted by Andrew Lewin MP for Welwyn Hatfield, with discussion led by Baroness Natalie Bennett of Manor Castle and chaired by Professor Sam Salek. Around 20 stakeholders from UKHSA, BSAC, The AMR Narrative, the Fleming Initiative, NHS organisations, regulators, professional bodies and AMR researchers took part under the Chatham House Rule.

A structured research-to-policy method turned evidence and expertise into co-created recommendations across five themes: stewardship as professional practice; One Health beyond healthcare; diagnostics, digital infrastructure and responsible AI; sustained innovation and the regulatory pathway; and the research–policy interface and public engagement. Participants are listed in Appendix A; the methodology and evidence sources are set out in Appendix B.

3 Key findings

3.1 Stewardship as professional practice

Antimicrobial stewardship must be repositioned from a specialist activity to a core component of routine clinical practice and patient safety. Participants highlighted that approximately 99% of antimicrobials are prescribed by non-specialists, predominantly in primary care, making it essential that stewardship competencies are embedded throughout undergraduate education, postgraduate training and continuing professional development. The introduction of pharmacist independent prescribing at registration from 2026 must be accompanied by appropriate safeguards, including prescribing audit, feedback, diagnostic stewardship and alignment with local formularies. A common competency and capability framework based on the WHO AWaRe classification, linked to professional revalidation processes, would help ensure that stewardship knowledge is translated into visible, measurable and sustained practice (NHS England, 2025, WHO, 2023).

3.2 One Health beyond healthcare

AMR cannot be addressed through human healthcare alone. It calls for a systems approach that spans multiple government departments and sectors. The next phase must integrate human, animal, agricultural, food and environmental sectors within a coordinated stewardship framework. Building on a decade of progress in reducing veterinary antimicrobial use, closer collaboration between human and veterinary health professionals, supported by shared surveillance and data systems, is needed. Environmental reservoirs, including wastewater, pharmaceutical residues and agricultural runoff, require greater attention. Linking wastewater surveillance with human and veterinary surveillance systems would strengthen early warning and detection capabilities. The use of biocides and other environmental exposures should also be evaluated for potential unintended consequences (UKHSA, 2024; UK Parliament, 2025a).

3.3 Diagnostics, digital infrastructure and responsible AI

Diagnostics, interoperable digital systems and responsible artificial intelligence are enablers, not ends in themselves. Timely diagnostics support appropriate prescribing; fragmented information systems undermine surveillance and real-time decision support. Digital stewardship tools, such as the SMART-AMS Dashboard, should drive prescribing review, audit and feedback and quality improvement, not merely collect data. AI can support decision-making, surveillance and predictive analytics, but must complement clinical judgement and rest on strong governance, data quality and ethical oversight. If deployed in fragmented systems, it risks amplifying existing weaknesses (Rasha Abdelsalam Elshenawy et al., 2025; NHS England, 2025a).

3.4 Sustained innovation and the regulatory pathway

New antimicrobials, antifungals, phage therapy and other modalities are essential, but innovation only helps if it is linked to responsible use. The UK is too small a market to drive innovation alone: resistance is outpacing development and weak commercial returns risk drawing talent away from the field. The UK antibiotic subscription model (paying for value rather than volume) is an internationally influential structural achievement that should be protected and improved, including eligibility for small and medium-sized enterprises. Adaptive regulation, the MHRA regulatory sandbox, stronger coordination of the discovery-to-market ecosystem, international alignment on incentives and access for high-burden countries are all needed. This pipeline remains fragile: companies continue to leave the antibiotics market and weak returns make the field hard to sustain, so the model needs active

protection and expansion rather than simply preservation, and the loss of talent and capability would be difficult to reverse. (DHSC, 2024).

3.5 Research–policy interface and public engagement

The link between research and Parliament is the leverage point that determines whether the other priorities are delivered. A standing AMR research-to-Parliament interface (a Research–Policy–Practice Interface working with parliamentary champions and professional bodies) would keep evidence and delivery aligned and track implementation across the National Action Plan, drawing on research from across the human, animal, agricultural, food and environmental sectors rather than health alone. AMR also remains poorly understood by the public; emotional engagement, not facts alone, is the prerequisite for behaviour change. Sustained public discourse through broadcast, digital, community, educational and arts-based channels, together with patient and public involvement on the principle of 'nothing about us without us' and embedding AMR in school and professional education were all seen as ways to build public trust and behaviour change on which adoption ultimately depends. Policy should therefore support a sustained, large-scale public discourse on AMR through coordinated national, local, educational, professional, community, broadcast and digital channels, with evaluation of reach, understanding and behaviour change.

4 Policy recommendations

Five actionable recommendations were co-developed with stakeholders and assessed against the APEASE framework: acceptability, practicability, effectiveness, affordability, safety and equity (Public Health England, 2020). Each maps directly to one of the five themes discussed at the Roundtable (stewardship, One Health, diagnostics, data and AI, innovation and the research–policy interface) and is presented as an evidence-informed option to strengthen the UK response to antimicrobial resistance. The recommendations are mutually reinforcing: the first four address delivery across stewardship, One Health, diagnostics, data and AI and innovation, while the fifth, a standing research–policy interface, is the mechanism that keeps implementation visible, accountable and responsive across the life of the National Action Plan.

Recommendation 1: Make AMR stewardship a core practice and safeguard prescribing

- Embed WHO AWaRe-aligned, UKHSA-informed stewardship competencies and implementation capabilities across undergraduate, postgraduate and continuing education for every prescribing profession (pharmacy, medicine, dentistry, nursing and veterinary practice) and link them to revalidation, prescribing governance and audit.
- Treat stewardship as routine patient safety, not a specialist add-on, covering prescribing behaviour, diagnostic stewardship, review and de-escalation and formulary alignment.
- As pharmacist independent prescribing, match it with operational safeguards: prescribing audit and feedback, clinical-record access, diagnostic stewardship, local formulary alignment and safety-netting and referral thresholds.
- Track delivery against measurable implementation indicators.

Who: *DHSC, NHS England, UKHSA, professional regulators (including the GPhC), royal colleges and local antimicrobial prescribing groups.*

When: *From 2026, in time for the next NAP refresh.*

› Targets the ~99% of antimicrobials prescribed by non-specialists and keeps the 2026 move to prescribing at registration safe and stewardship-aligned from day one.

A coordinated national approach should also strengthen local stewardship governance. The Scottish Antimicrobial Prescribing Group offers a proven model for benchmarking prescribing and tackling variation, complemented by BSAC initiatives such as GAMSAS (organisational assurance) and LEAP (peer-led leadership). Competency frameworks already exist, but capability to apply them in practice must be developed and reinforced by the operational safeguards above and by addressing workforce gaps, including the shortfall in consultant medical microbiologists (SAPG, 2019; BSAC, 2026; GOV.UK, 2023).

Recommendation 2: Operationalise One Health stewardship

- Integrate human, animal, food, plant and environmental surveillance within a coordinated One Health stewardship.
- Scale wastewater monitoring and link it to existing AMR, prescribing, veterinary, food-chain and environmental systems.
- Move beyond surveillance to action that reduces unnecessary antimicrobial and AMR-driving exposures, including unnecessary biocides in consumer products, intensive farming and the wider environmental reservoir of resistance genes.
- Assign clear accountability and professional implementation routes across every sector.

Who: *DHSC, Defra, UKHSA, Environment Agency, VMD, FSA, NHS England and the devolved administrations.*

When: *Within the next NAP period.*

› *Judges One Health not by whether sectors are represented, but by whether their data, responsibilities and implementation routes are genuinely connected.*

This aligns with the WHO/FAO/UNEP/WOAH One Health Joint Plan of Action and the UK National Action Plan 2024–2029 and reflects the Public Accounts Committee's concern that wastewater mismanagement heightens AMR risk and that cross-sector data sharing remains insufficient. The Roundtable emphasised environmental drivers (biocides in consumer products, intensive farming, food imports and conflict-related resistance) and heard hospital evidence that targeted, test-led decolonisation can match universal biocide use without the added cost or the selection of multidrug-resistant organisms, underlining the value of rational, evidence-led exposure reduction across human, veterinary, food and environmental systems (UKHSA, 2024; UK Parliament, 2025a). It also opens clear research opportunities, including closer collaboration with Defra and the Environment Agency to test these approaches in farming and environmental practice.

Recommendation 3: Build diagnostics, interoperable data and responsible AI

- Prioritise rapid diagnostics and interoperable systems connecting prescribing, microbiology and pathology as the precondition for effective stewardship.
- Deploy digital stewardship tools, such as the SMART-AMS Dashboard, as implementation tools that drive prescribing review, audit and feedback, not merely data collection.
- Use AI for decision support, surveillance and prediction only with robust governance, high-quality data, ethical oversight and clinical accountability; AI should support, not replace, clinical judgement.

Who: *DHSC, NHS England, UKHSA, NICE and professional regulators.*
When: *Phased across the NAP period.*

› *The precondition for everything else: without timely diagnostics and joined-up data, stewardship and AI cannot work and in fragmented systems, AI risks amplifying existing weaknesses.*

Participants cautioned against running before walking: AI can already ease surveillance, case-finding and administrative burden, but the deeper problem is fragmented infrastructure with no national record linkage. Digital stewardship should be built around clinical workflows, with pharmacy teams as key users and named risks (automation bias, inequity, limited transparency, data-quality dependency and over-prescribing) actively managed before wider use (Elshenawy et al., 2025; NHS England, 2025a).

Recommendation 4: Sustain innovation and the regulatory pathway

- Protect and improve the UK antibiotic subscription model, including eligibility for small and medium-sized enterprises.
- Support adaptive regulation, the MHRA regulatory sandbox and accelerated pathways for non-traditional antimicrobials such as phage therapy and antifungals, with stewardship and implementation plans built in from the start.
- Strengthen international coordination on pull incentives and enable access in low- and middle-income countries that carry most of the burden.

Who: DHSC, NHS England, UKHSA, MHRA, NICE and industry and international partners.
When: *Ongoing, across and beyond the NAP period.*

› *Captures innovation's potential while protecting antimicrobial effectiveness, access and responsible use and guards against the loss of talent and pipeline that participants called an existential risk.*

The subscription model has informed the EU subscription model, the US PASTEUR Act and proposals in Switzerland and Australia. Roundtable reflections urged continued advocacy on pull incentives, better coordination of the UK discovery-to-market ecosystem and partnerships with high-burden markets such as India and China. Innovation funding should embed stewardship plans so that new antimicrobials enter a system able to protect their effectiveness (DHSC, 2024).

Recommendation 5: Establish a standing research–policy interface and public engagement

- Create a permanent AMR research-to-Parliament interface (a Research–Policy–Practice Interface working with parliamentary champions) that keeps evidence and delivery aligned across the life of the National Action Plan.
- Give it a clear mechanism for tracking recommendations, implementation and accountability.
- Include professional bodies alongside multidisciplinary researchers across human, veterinary, agricultural, food and environmental sectors, parliamentarians, agencies and patient advocates.
- Embed patient and public involvement on the principle of 'nothing about us without us' and invest in large-scale public discourse through coordinated, creative and emotionally engaging communication across multiple channels, including AMR in school and professional education.

Who: Parliamentary champions, DHSC, UKHSA, NHS England, professional bodies, patient organisations and research funders.
When: *Establish within the next NAP period; sustained thereafter.*

› *Turns one-off engagement into a continuous AMR Translation Cycle (a repeating loop of evidence, recommendation, implementation and review), the durable structure that stops each inquiry rediscovering the same diagnosis.*

Reflections reinforced that the research-to-Parliament link is the leverage point for delivery: effective translation needs clear ownership, structured outputs, measurable recommendations and follow-up. On

engagement, emotional engagement, not facts alone, drives behaviour change; participants commended arts-based work such as Lifeline the Musical and patient-led involvement and called for AMR in school and professional curricula, combined with norm-shaping that makes responsible use part of everyday life. Beyond schools, engagement should also reach community pharmacies, farming and veterinary communities, faith and community organisations, industry and the media, so that responsible-use messages land with the many audiences AMR affects.

What we are asking policymakers to do

We ask parliamentarians, the UK parliamentary champions and Government to:

1. Recognise AMR implementation as a patient safety and health security priority.
2. Support the creation of a standing AMR Research–Policy–Practice Interface.
3. Ensure the next NAP refresh includes measurable implementation indicators.
4. Strengthen stewardship safeguards as prescribing rights expand.
5. Invest in diagnostics, interoperable data and responsible AI as core AMR infrastructure.

Implementation at a glance

Recommendation	Lead	Timeline	Indicator
1. AMR stewardship as a core practice and safe prescribing	DHSC, NHS England, UKHSA, regulators, royal colleges	From 2026; next NAP refresh	AWaRe-aligned competency and capability requirements in curricula, practice and revalidation; prescribing audit coverage
2. Operationalise One Health stewardship	DHSC, Defra, UKHSA, EA, VMD, FSA, NHS England	Within the next NAP period	Linked cross-sector indicators; wastewater surveillance coverage
3. Diagnostics, interoperable data and responsible AI	DHSC, NHS England, UKHSA, NICE	Phased across the NAP period	Diagnostic turnaround; system interoperability; governed AI deployments
4. Sustain innovation and the regulatory pathway	DHSC, MHRA, NICE, NHS England, partners	Ongoing	Subscription-model uptake; products through the adaptive pathway
5. Standing research–policy interface and engagement	Parliamentary champions, DHSC, UKHSA, NHS England	Establish within the NAP period	Interface convened; recommendations tracked; patient and public involvement embedded

5 Conclusion

Taken together, the asks and indicators set out above point to a single conclusion. The evidence base for action on AMR is mature, particularly in health settings; the priority now is delivery. Embedding stewardship across the workforce and safeguarding the expansion of prescribing, operationalising One Health, investing in diagnostics, interoperable data and well-governed AI, sustaining innovation and its regulatory pathway and building a standing research–policy interface with genuine public engagement are practical, scalable steps to accelerate implementation and inform the next refresh of the UK National Action Plan on AMR. A standing channel between research and Parliament, of which this Roundtable is an example, can keep evidence and delivery aligned over time.

Contact, funding and disclaimer

Dr Rasha Abdelsalam Elshenawy, Principal Investigator, University of Hertfordshire. Email: r.elshenawy@herts.ac.uk

Delivered with the ESRC Impact Acceleration Account at the University of Hertfordshire [ES/X004309/1], following a Parliamentary Roundtable on AMR involving parliamentarians, parliamentary champions, professional bodies, public health agencies, researchers and patient advocates. Based on evidence available at the date of publication (August 2026). The views expressed are those of the author and not necessarily those of the ESRC, the University of Hertfordshire or the Department of Health and Social Care.

Evidence base and references

Abdelsalam Elshenawy (2026). *Slow Pandemic, Fast Politics: From the Westminster Health Forum to Westminster Itself — Why the Next Steps on AMR Must Be Translation, Not Repetition: A Reflection on the Westminster Health Forum Policy Conference: Next Steps for Tackling Antimicrobial Resistance in the UK*. [online] Available at: https://researchprofiles.herts.ac.uk/en/publications/slow-pandemic-fast-politics-from-the-westminster-health-forum-to-/.

Abdelsalam Elshenawy et al. (2025). *UK Parliament Written evidence Antimicrobial resistance: addressing the AMR risks*. [online] UK Parliament. Available at: https://researchprofiles.herts.ac.uk/files/72068237/UK_Parliament_Written_Evidence_-_Dr_Rasha_Elshenawy.pdf.

BSAC (2026). *Programmes and projects - BSAC*. [online] BSAC. Available at: https://bsac.org.uk/programmes-projects/ [Accessed 9 Jun. 2026].

Department of Health and Social Care (2024). *Confronting antimicrobial resistance 2024 to 2029*. [online] GOV.UK. Available at: https://www.gov.uk/government/publications/uk-5-year-action-plan-for-antimicrobial-resistance-2024-to-2029/confronting-antimicrobial-resistance-2024-to-2029.

Elshenawy, R.A. (2025). UK Parliament's antimicrobial resistance inquiry: translating evidence into crisis-resilient action. *JAC-Antimicrobial Resistance*, 7(6). doi:https://doi.org/10.1093/jacamr/dlaf218.

England, N. (2025a). *NHS England» Digital framework for antimicrobial stewardship: what good looks like*. [online] England.nhs.uk. Available at: https://www.england.nhs.uk/long-read/digital-framework-for-antimicrobial-stewardship-what-good-looks-like/.

GOV.UK (2023). *Antimicrobial prescribing and stewardship competency framework*. [online] GOV.UK. Available at: https://www.gov.uk/government/publications/antimicrobial-prescribing-and-stewardship-competencies/antimicrobial-prescribing-and-stewardship-competency-framework.

GPHC (2025). *Independent prescriber education and training | General Pharmaceutical Council*. [online] www.pharmacyregulation.org. Available at: https://www.pharmacyregulation.org/students-and-trainees/pharmacist-education-and-training/independent-prescriber-education-and-training.

NHS England (2025b). *NHS England» Independent prescribing*. [online] www.england.nhs.uk. Available at: https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/independent-prescribing/.

Public Health England (2020). *Behaviour change: Guides for National and Local Government and Partners*. [online] GOV.UK. Available at: https://www.gov.uk/government/publications/behaviour-change-guide-for-local-government-and-partners.

Rasha Abdelsalam Elshenawy, Nkiruka Umaru, Zoe Aslanpour (2025). *Development and Implementation of a Dynamic Antimicrobial Stewardship Dashboard: Real-Time Monitoring from 'Start Smart' to 'Then Focus'*. [online] Available at: https://doi.org/10.1101/2025.09.10.25335122.

Scottish Antimicrobial Prescribing Group (SAPG), (2019). *Safeguarding antibiotics for Scotland, now and for the future* . [online] Scottish Antimicrobial Prescribing Group. Available at: https://www.sapg.scot/.

Uk Health Security Agency (2023). *Start smart then focus: antimicrobial stewardship toolkit for inpatient care settings*. [online] GOV.UK. Available at: https://www.gov.uk/government/publications/antimicrobial-stewardship-start-smart-then-focus/start-smart-then-focus-antimicrobial-stewardship-toolkit-for-inpatient-care-settings.

UK Parliament (2025a). *Antimicrobial resistance: addressing the risks*. [online] Parliament.uk. Available at: https://publications.parliament.uk/pa/cm5901/cmselect/cmpubacc/646/report.html.

UK Parliament (2025b). *Antimicrobial resistance: addressing the risks - Committees - UK Parliament*. [online] Parliament.uk. Available at: https://committees.parliament.uk/work/8826 [Accessed 9 Jun. 2026].

Westminster Health Forum (2026). *Next steps for tackling antimicrobial resistance in the UK* . [online] Westminsterforumprojects.co.uk. Available at: https://www.westminsterforumprojects.co.uk/order/Antimicrobial-26 [Accessed 9 Jun. 2026].

WHO (2023). *AWaRe classification of antibiotics for evaluation and monitoring of use, 2023*. [online] www.who.int. Available at: https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2023.04.

Appendix A Participating organisations and stakeholders

The Roundtable convened a cross-sector group of around 20 senior stakeholders at Portcullis House, Westminster, on 18 May 2026, under the Chatham House Rule. Participants are listed with consent. In line with the Chatham House Rule, no comments, positions or recommendations are attributed to any individual participant.

Name	Role / Position	Organisation
PARLIAMENTARY HOSTS & CHAMPIONS		
Andrew Lewin MP	Event Host	House of Commons (Welwyn Hatfield)
Baroness Bennett of Manor Castle	Parliamentary Champion on AMR	House of Lords
Rhian Foley	Roundtable secretariat	British Society for Antimicrobial Chemotherapy (BSAC)
ACADEMIC CHAIRS & CONVENING TEAM, UNIVERSITY OF HERTFORDSHIRE		
Professor Sam Salek	Chair; Emeritus Professor of Pharmacoepidemiology & Regulatory Science	University of Hertfordshire
Dr Rasha Abdelsalam Elshenawy	Senior Lecturer & Principal Investigator (roundtable lead)	University of Hertfordshire
Professor Zoe Aslanpour	Professor of Public Health & Patient Safety; Head of Dept of Medicine, Public Health & Life Sciences	University of Hertfordshire
Leisha O'Brien	Policy & Community Engagement, Office of the Vice-Chancellor	University of Hertfordshire
GOVERNMENT & NATIONAL AGENCIES		
Dr Alicia Demirjian	Head of the AMR & Prescribing Team	UK Health Security Agency (UKHSA)
PROFESSIONAL & CLINICAL BODIES		
Professor Andrew Seaton	President, BSAC; Chair, Scottish Antimicrobial Prescribing Group	British Society for Antimicrobial Chemotherapy (BSAC)
Dr Rajeev Shah	Clinical Director; member, DHSC SPRHAI; contributor to UK 2024–29 NAP on AMR	East London NHS Foundation Trust
Dr Jegak Seo	Science & Research Manager / Co-Investigator	Royal College of Pharmacy / UCL Royal Free Hospital
Mr Nicholas Marshall	Board Member; UKRI PEOPLE AMR Network external advisory board	British Dental Association (BDA)
PATIENT VOICE & PUBLIC ENGAGEMENT		
Vanessa Carter	AMR survivor & Founder	The AMR Narrative
Dr Emily Scott-Dearing	Public Engagement & Involvement Lead	Fleming Initiative
AMR RESEARCHERS		
Professor Karolin Hijazi	Professor & Honorary Consultant in Oral & Maxillofacial Medicine	University of Aberdeen

Name	Role / Position	Organisation
David Richard McKinney	Founder, Alliance for Reducing Microbial Resistance (ARMoR)	ARMoR / Institute of Development Studies
EARLY-CAREER RESEARCHERS		
Maureen Eloho Okorodudu	Graduate	University of Hertfordshire
Dr Shelicia Rogers	MD, MPH; Early-Career Health Policy Analyst	St George's University

Organisations represented: UK MPs Parliamentary Champions (Commons and Lords); University of Hertfordshire; UKHSA; BSAC; East London NHS Foundation Trust; Royal College of Pharmacy / UCL Royal Free Hospital; British Dental Association; The AMR Narrative; Fleming Initiative; University of Aberdeen; ARMoR / Institute of Development Studies; and St George's University.

Appendix B Methodology, evidence and dissemination

Methodology

Developed through evidence synthesis and stakeholder engagement under the ESRC Impact Acceleration Award project Translating AMR Research into Parliamentary Action: A Multi-Stakeholder Roundtable. Recommendations were co-produced at the Roundtable (House of Commons, 18 May 2026) under the Chatham House Rule and assessed against the APEASE criteria (acceptability, practicability, effectiveness and cost-effectiveness, affordability, side-effects/safety and equity).

Evidence sources

The brief draws on the PAC inquiry on AMR (AR0005; HC 646) and the University of Hertfordshire written evidence; the Westminster Health Forum conference (21 April 2026); presentations at the Roundtable (University of Hertfordshire, UKHSA, BSAC, The AMR Narrative and parliamentarians); structured multi-stakeholder deliberations; and voluntary post-event stakeholder feedback (used to contextualise, not as formal research data).

Dissemination and impact monitoring

The brief will be shared with the Health and Social Care Select Committee, parliamentary champions and the Department of Health and Social Care, with a follow-up briefing and electronic publication. Communications amplification will include consideration of opinion-editorial articles and wider spokesperson opportunities, particularly around World AMR Awareness Week in November 2026, with planning expected to begin in October. Impact will be tracked using process and outcome indicators: downloads and requests for further information; meetings and consultations convened; Parliamentary Questions and debates referencing the issue; citations in Hansard, committee reports or evidence submissions; media and public-engagement reach; and documented influence on the next National Action Plan refresh.

Acknowledgements

With thanks to the parliamentary hosts and parliamentary champions, the chairs and convening team at the University of Hertfordshire and all participating organisations and stakeholders listed in Appendix A, whose contributions under the Chatham House Rule informed this brief. Delivered with the support of an ESRC Impact Acceleration Account award.

Suggested citation and licence

Suggested citation. Elshenawy, R.A. (2026) Translating AMR Research into Parliamentary Action: Implementation, not evidence—priorities for the next UK National Action Plan on AMR. Policy Brief. Hatfield: University of Hertfordshire.

Copyright and licence. © 2026 Rasha Abdelsalam Elshenawy. Published by the University of Hertfordshire.

Except where otherwise stated, this work is licensed under the Creative Commons Attribution 4.0 International Licence (CC BY 4.0): https://creativecommons.org/licenses/by/4.0/. University, ESRC and partner logos, trademarks and third-party material are excluded from this licence.