UK Health Security Agency

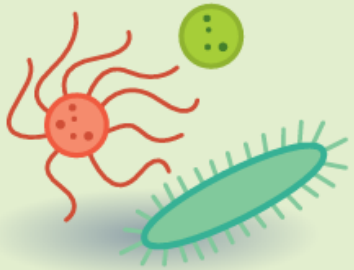
ESPAUR report infographics 2025 to 2026

English Surveillance Programme for Antimicrobial Utilisation and Resistance (ESPAUR 2025)

ESPAUR report 2025-26



ESPAUR foreword, extended summary, lay summary



Antimicrobial resistance



Antimicrobial consumption



AMR & AMU spotlights



Antimicrobial stewardship

NHS

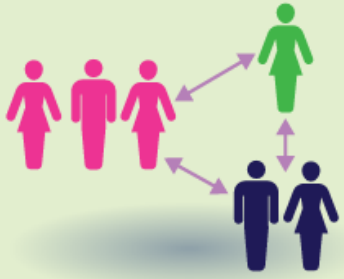
NHS England improvement and assurance schemes



Professional and public education, engagement, and training



Research insights and knowledge mobilisation



ESPAUR oversight group members' activities and actions to tackle AMR - mapping to the UK AMR National Action Plan 2024-29



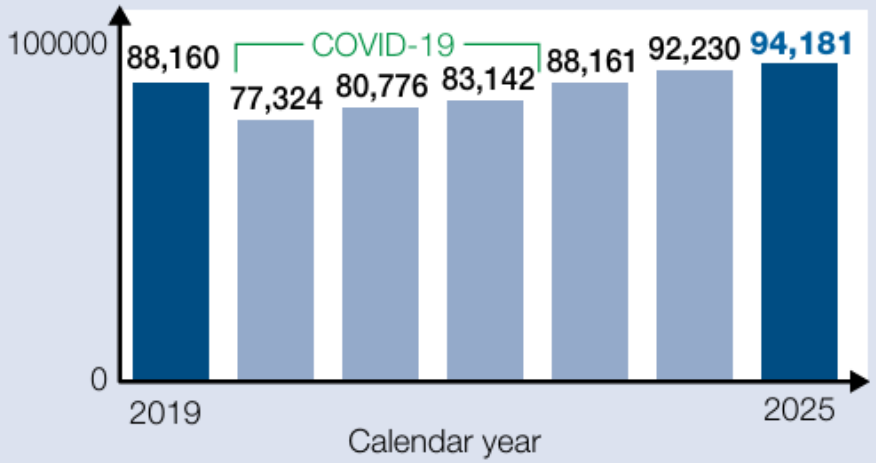
Knowledge mobilisation of ESPAUR report: evaluation of feedback from report users


ESPAUR: English Surveillance Programme for Antimicrobial Utilisation and Resistance
Over 30 member organisations including all UK nations, government and member organisations and lay representations
Multi-professional and Multi-organisation group led by UKHSA
ESPAUR Oversight Group
13
reports since established in 2013
over
90
author contributions (2025-26 report)
115
UKHSA AMR peer-reviewed publications from April 2025 to March 2026

UK Health Security Agency

Chapter 2: Antimicrobial resistance (AMR)

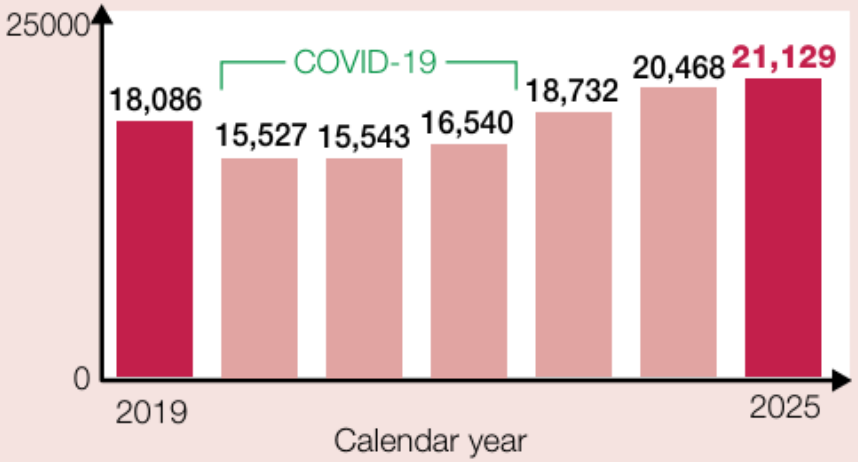
The burden of bacteraemia and resistant bacteraemia



an INCREASE of

6.8%

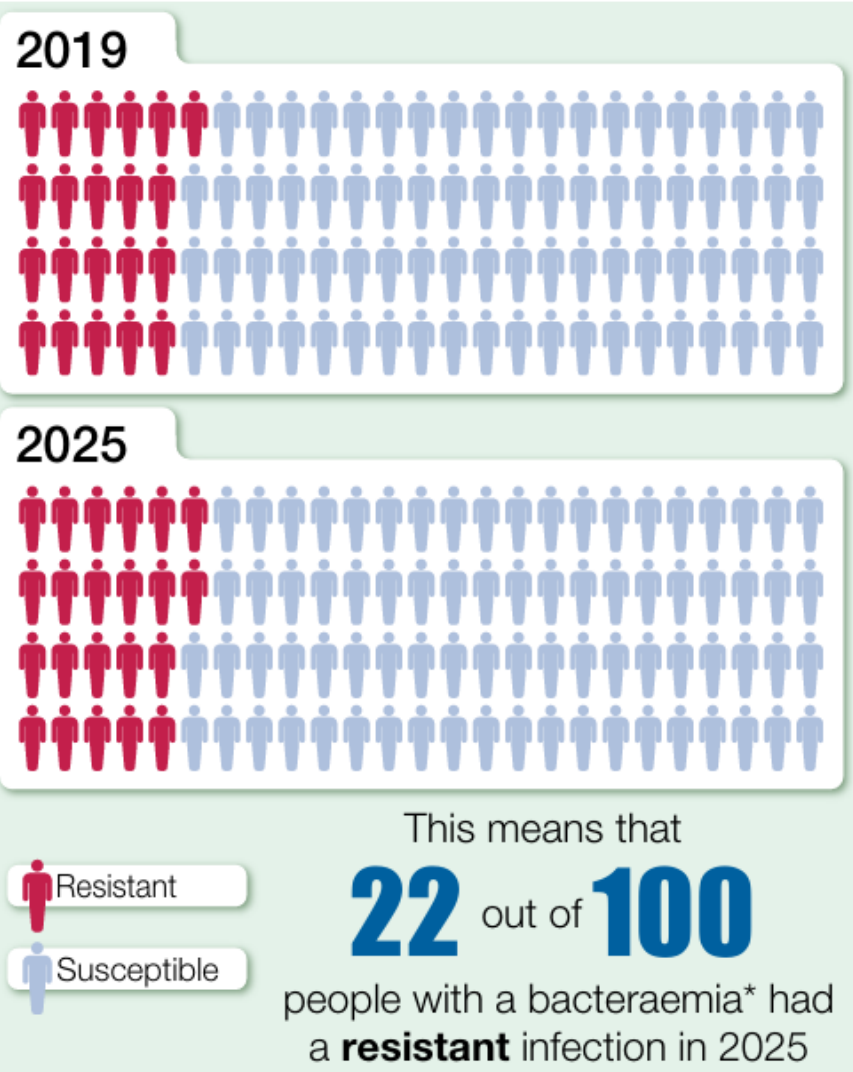
in numbers of bacteraemia* since 2019



an INCREASE of

16.8%

in **resistant**† bacteraemia since 2019



This means that

22 out of **100**

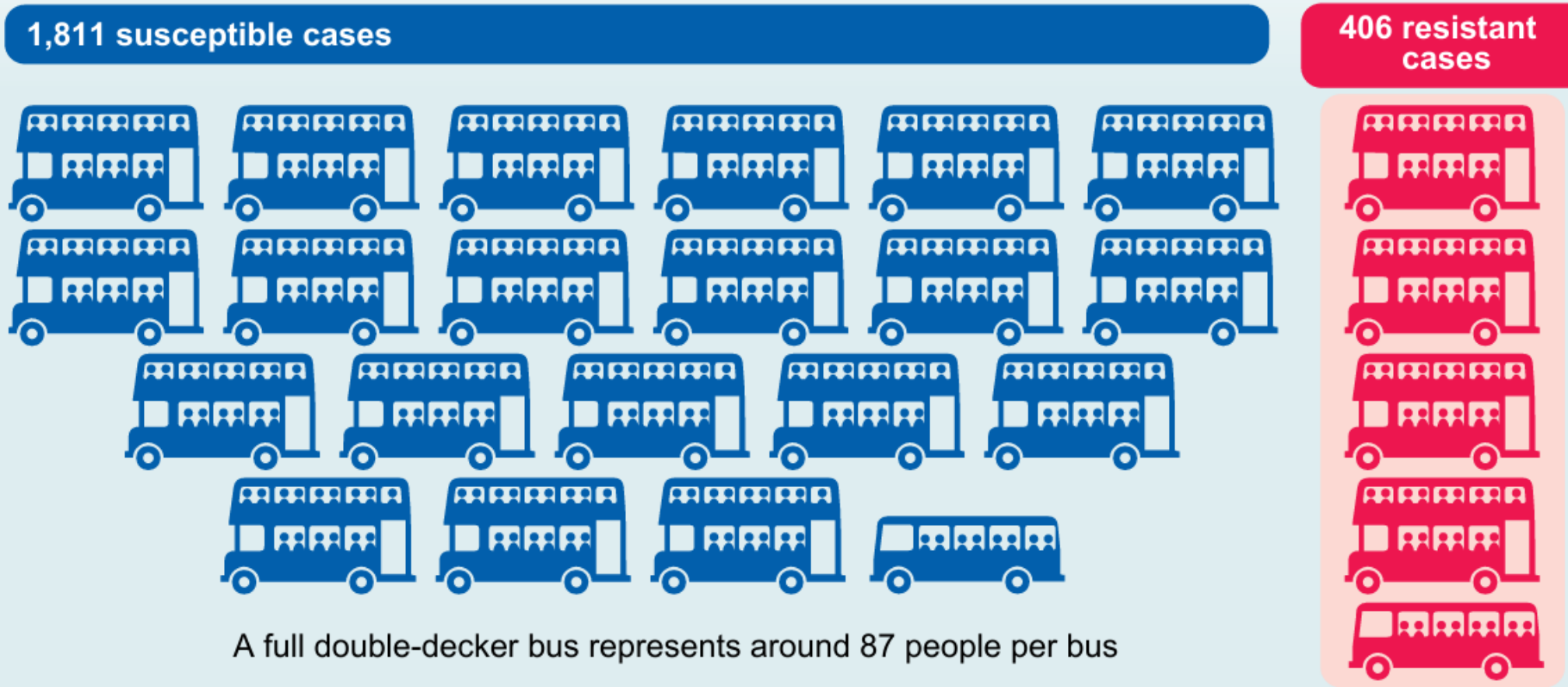
people with a bacteraemia* had a **resistant** infection in 2025

* Pathogens include: *E. coli, K. pneumoniae, K. oxytoca, Acinetobacter* spp. *Pseudomonas* spp., *Enterococcus* spp., *S. aureus and S. pneumoniae*.

† *E. coli, K pneumoniae* and *K. oxytoca*: resistant to any of: carbapenems, third-generation cephalosporin, aminoglycosides or fluoroquinolones; *Acinetobacter* spp: resistant to aminoglycosides and fluoroquinolones, or carbapenems; *Pseudomonas* spp. resistant to three or more antimicrobial groups, or carbapenems; *Enterococcus* spp. resistant to glycopeptides; *S. aureus* resistant to meticillin; *S. pneumoniae* resistant to penicillin and macrolides, or penicillin.

The burden of resistant† bacteraemia per week in England in 2025

In 2025, every week there were approximately:

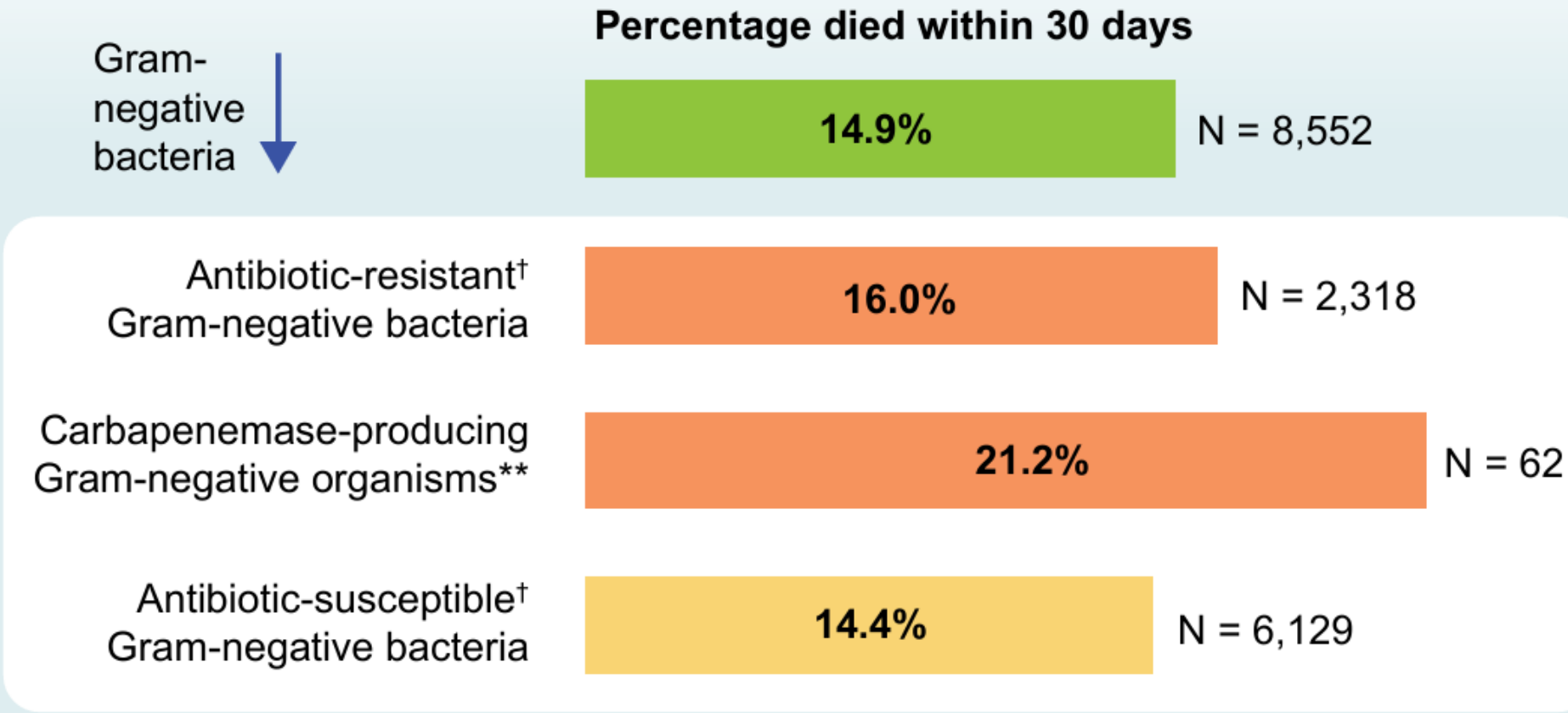


A full double-decker bus represents around 87 people per bus

* Pathogens include: *E. coli, K. pneumoniae, K. oxytoca, Acinetobacter* spp. *Pseudomonas* spp., *Enterococcus* spp., *S. aureus and S. pneumoniae*.

† *E. coli, K pneumoniae* and *K. oxytoca*: resistant to any of: carbapenems, third-generation cephalosporin, aminoglycosides or fluoroquinolones; *Acinetobacter* spp: resistant to aminoglycosides and fluoroquinolones, or carbapenems; *Pseudomonas* spp. resistant to three or more antimicrobial groups, or carbapenems; *Enterococcus* spp. resistant to glycopeptides; *S. aureus* resistant to meticillin; *S. pneumoniae* resistant to penicillin and macrolides, or penicillin.

30-day all-cause mortality of patients with Gram-negative bacteraemia* in 2025

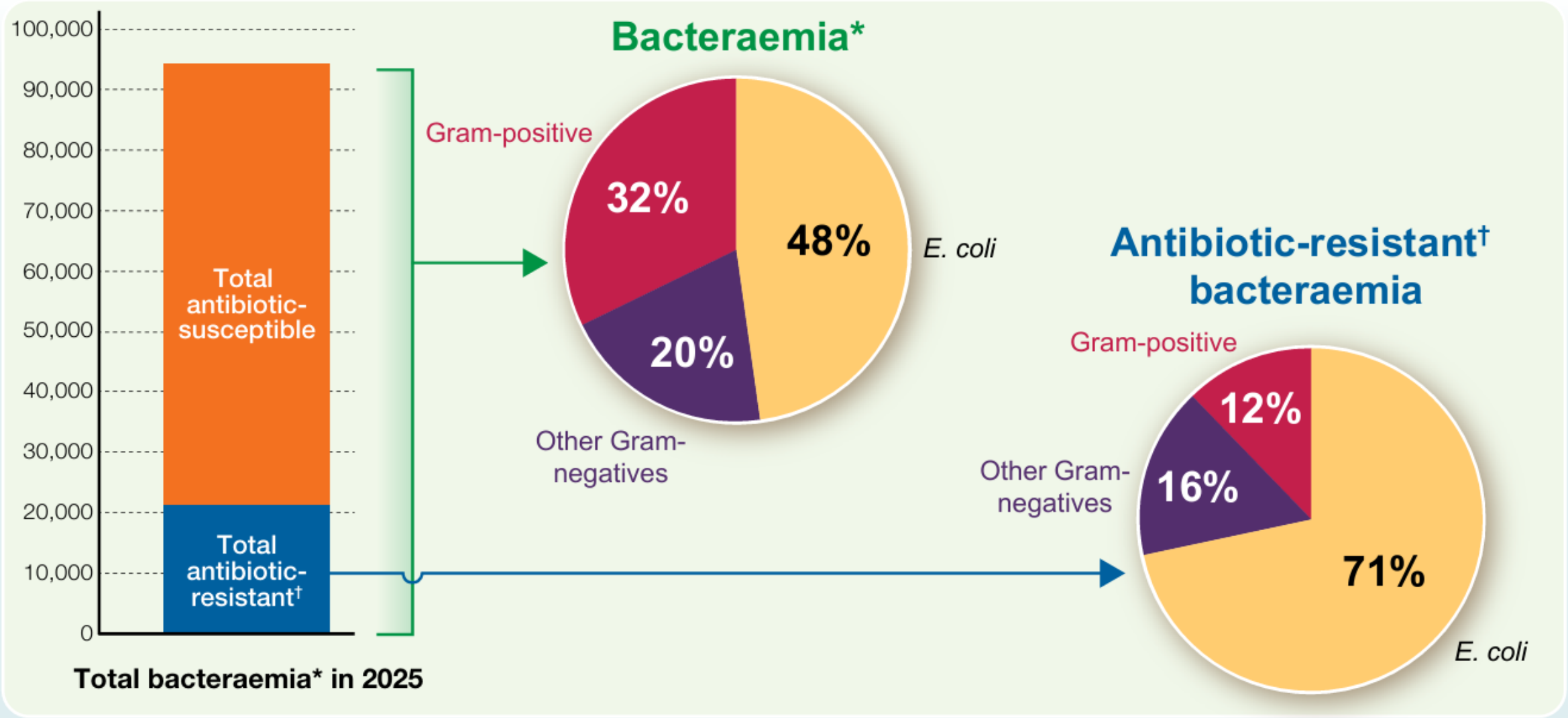


*Pathogens include: *E. coli, K. pneumoniae, K. oxytoca, Acinetobacter* spp., and *Pseudomonas* spp.

† The resistance combinations included are: *E. coli, K pneumoniae* and *K. oxytoca*, resistant to any of: carbapenems, third-generation cephalosporins, aminoglycosides, or fluoroquinolones; *Acinetobacter* spp., resistant to aminoglycosides and fluoroquinolones, or carbapenems; *Pseudomonas* spp., resistant to 3 or more antimicrobial groups, or carbapenems

** Sterile site infections

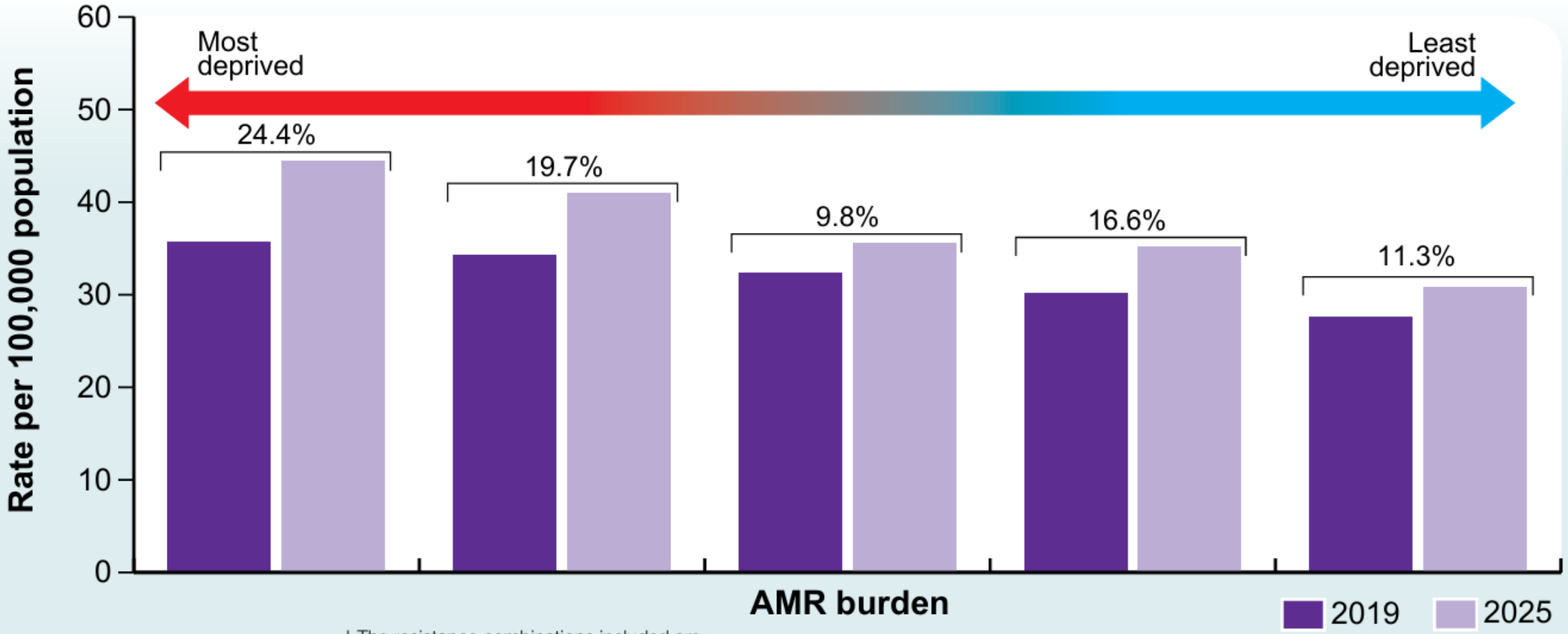
The burden of bacteraemia* resistant to critically important antibiotics



* Pathogens include: *E. coli, K. pneumoniae, K. oxytoca, Acinetobacter* spp. *Pseudomonas* spp., *Enterococcus* spp., *S. aureus and S. pneumoniae*.

† *E. coli, K pneumoniae* and *K. oxytoca*: resistant to any of: carbapenems, third-generation cephalosporin, aminoglycosides or fluoroquinolones; *Acinetobacter* spp: resistant to aminoglycosides and fluoroquinolones, or carbapenems; *Pseudomonas* spp. resistant to three or more antimicrobial groups, or carbapenems; *Enterococcus* spp. resistant to glycopeptides; *S. aureus* resistant to meticillin; *S. pneumoniae* resistant to penicillin and macrolides, or penicillin.

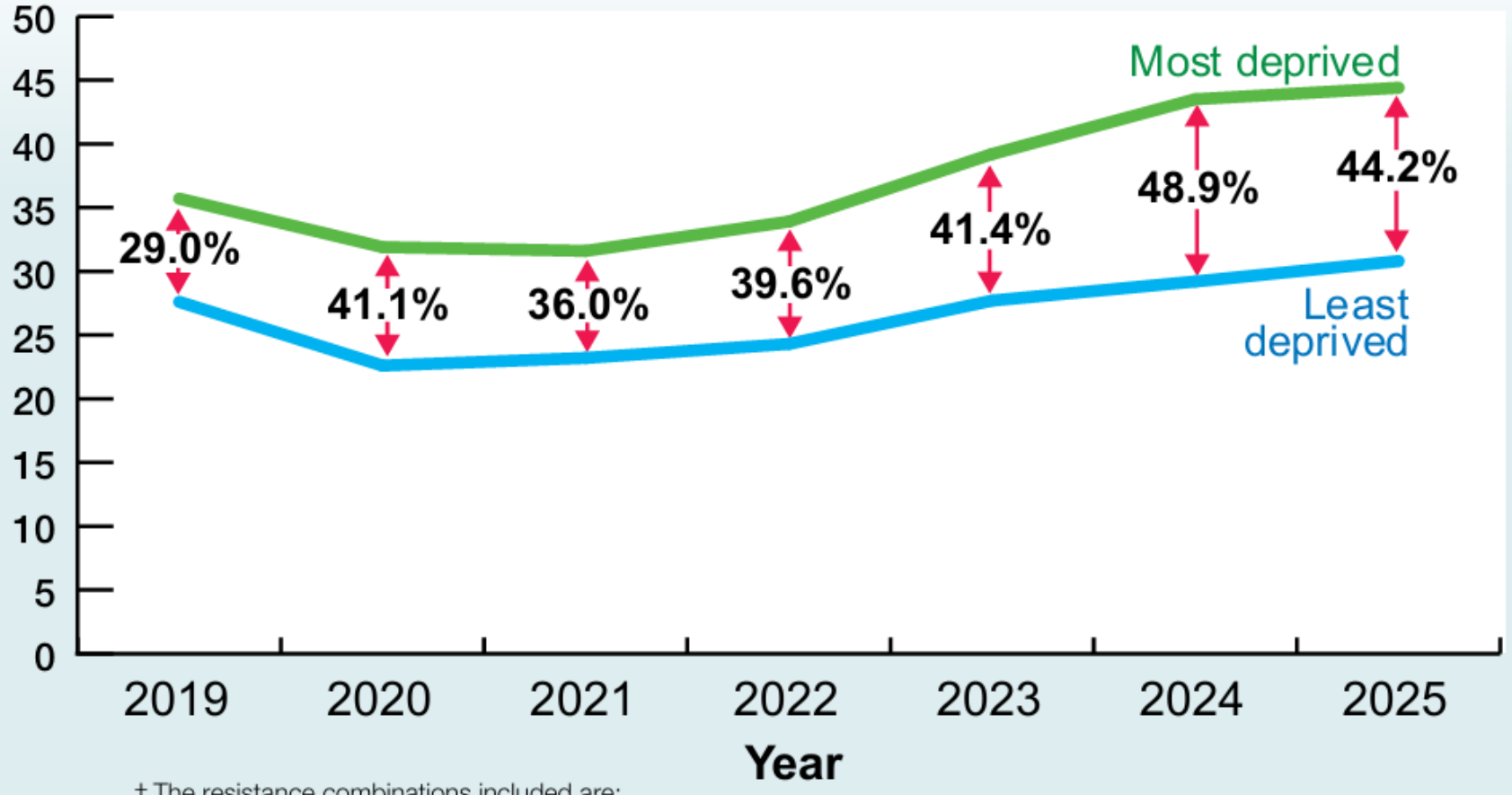
Rate of resistant bacteraemia† per 100,000 population by Index of Multiple Deprivation in 2019 and 2025



† The resistance combinations included are:

- *E. coli, K pneumoniae* and *K. oxytoca*, resistant to any of: carbapenems, third-generation cephalosporins, aminoglycosides, or fluoroquinolones;
- *Acinetobacter* spp., resistant to aminoglycosides and fluoroquinolones, or carbapenems;
- *Pseudomonas* spp., resistant to 3 or more antimicrobial groups, or carbapenems;
- *Enterococcus* spp., resistant to glycopeptides;
- *S. aureus*, resistant to meticillin;
- *S. pneumoniae*, resistant to penicillin and macrolides, or penicillin.

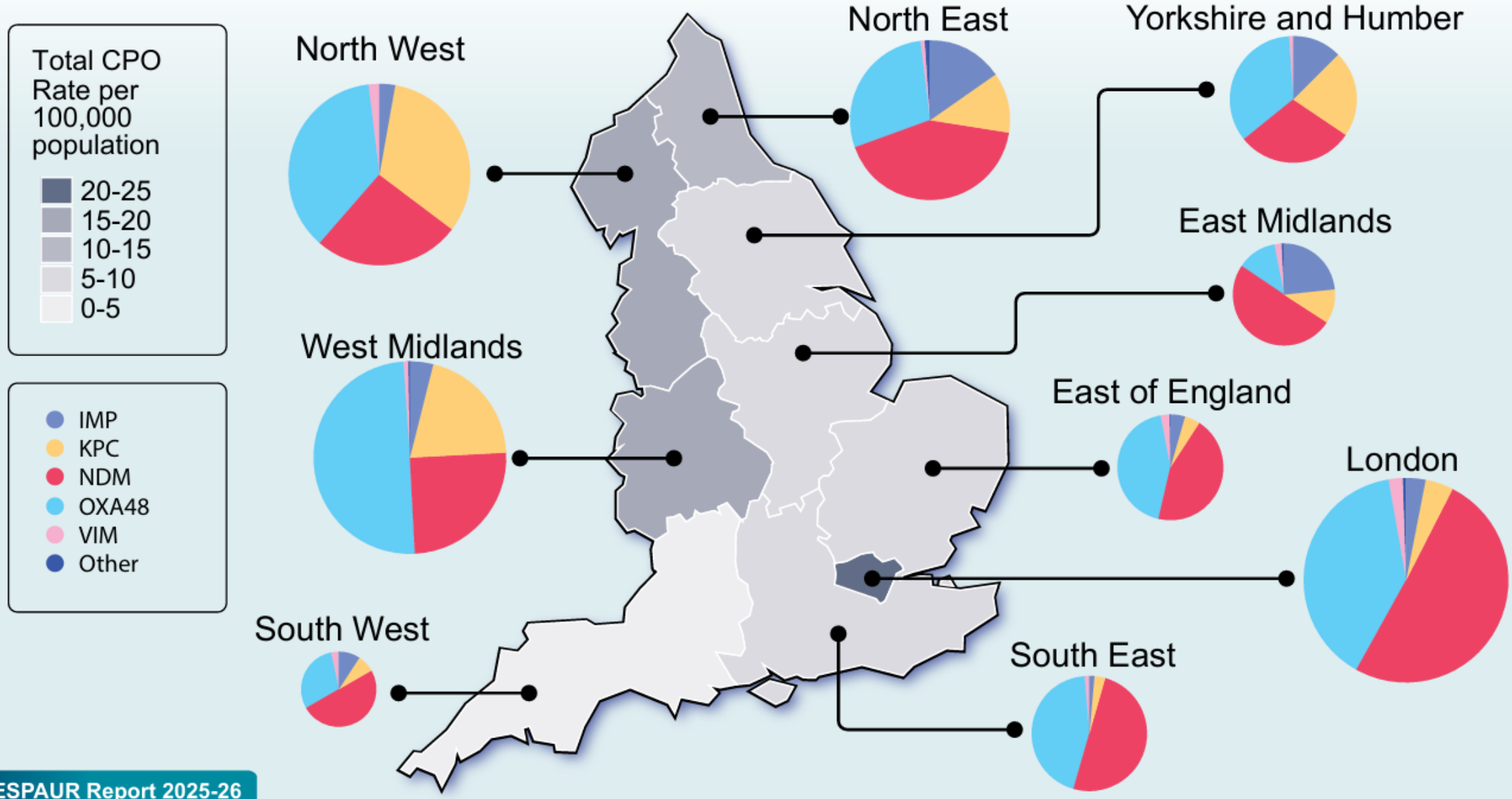
Rate of resistant bacteraemia† by Index of Multiple Deprivation from 2019 - 2025



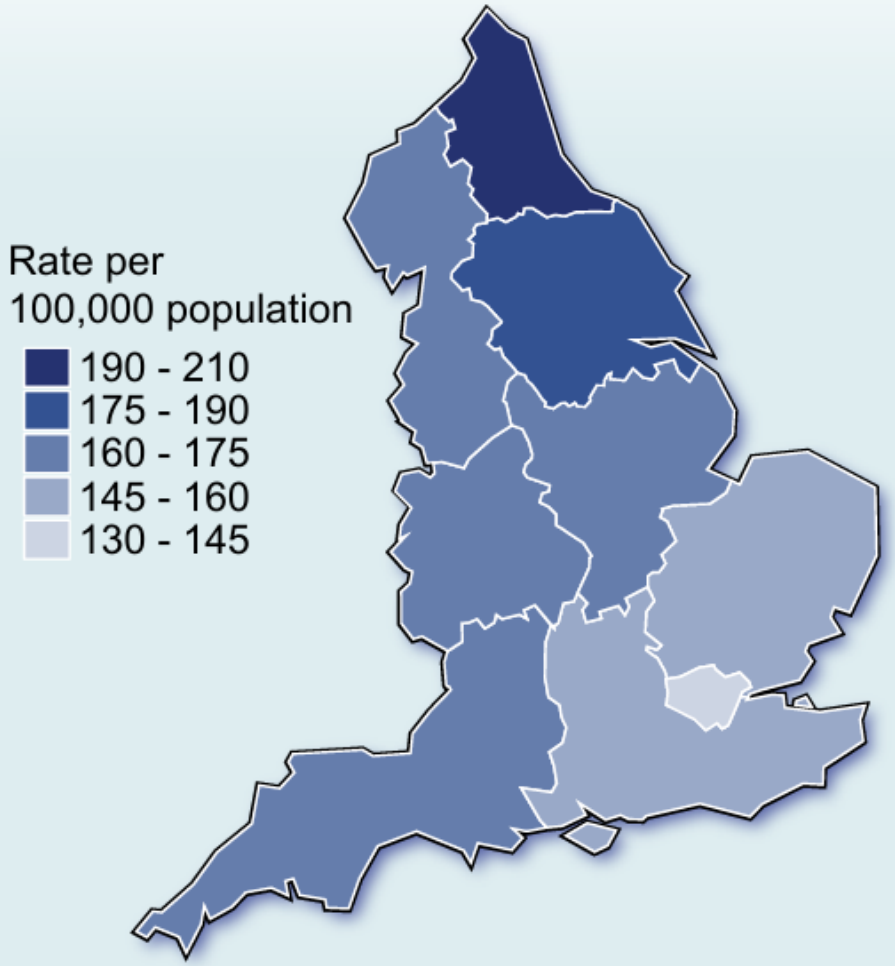
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- *Acinetobacter* spp., resistant to aminoglycosides and fluoroquinolones, or carbapenems;
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- *Enterococcus* spp., resistant to glycopeptides;
- *S. aureus*, resistant to meticillin;
- *S. pneumoniae*, resistant to penicillin and macrolides, or penicillin.

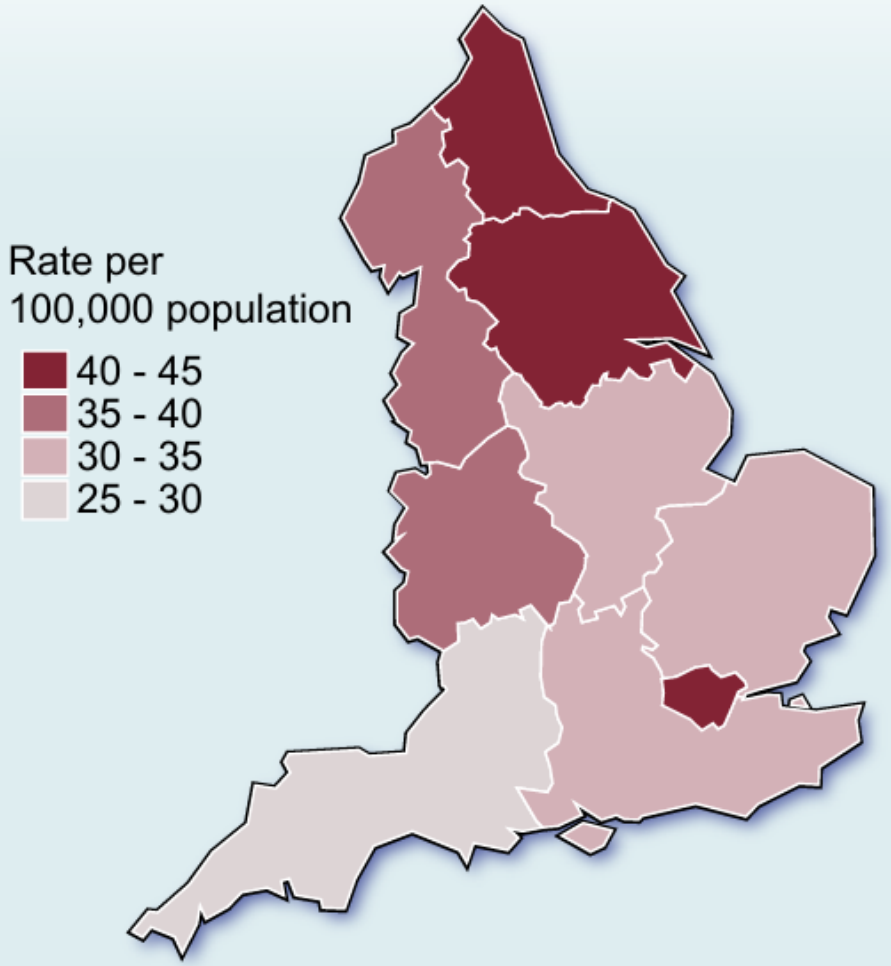
Regional notifications per 100,000 population of acquired carbapenemase-producing organisms and proportion of carbapenemase mechanism in England, 2025



Estimated regional rate of bacteraemia* per 100,000 population in England, 2025



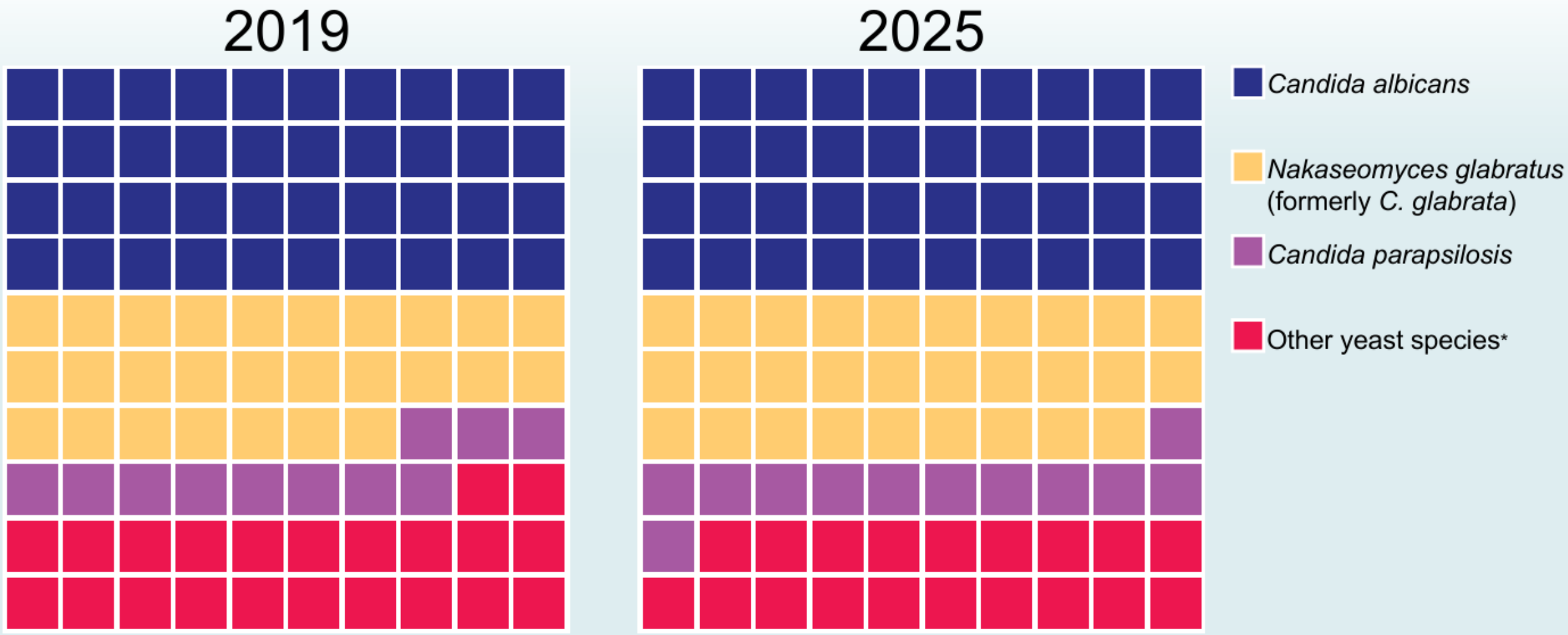
Estimated regional rate of resistant bacteraemia† per 100,000 population in England, 2025



* Pathogens include: *E. coli, K. pneumoniae, K. oxytoca, Acinetobacter* spp. *Pseudomonas* spp., *Enterococcus* spp., *S. aureus and S. pneumoniae*.

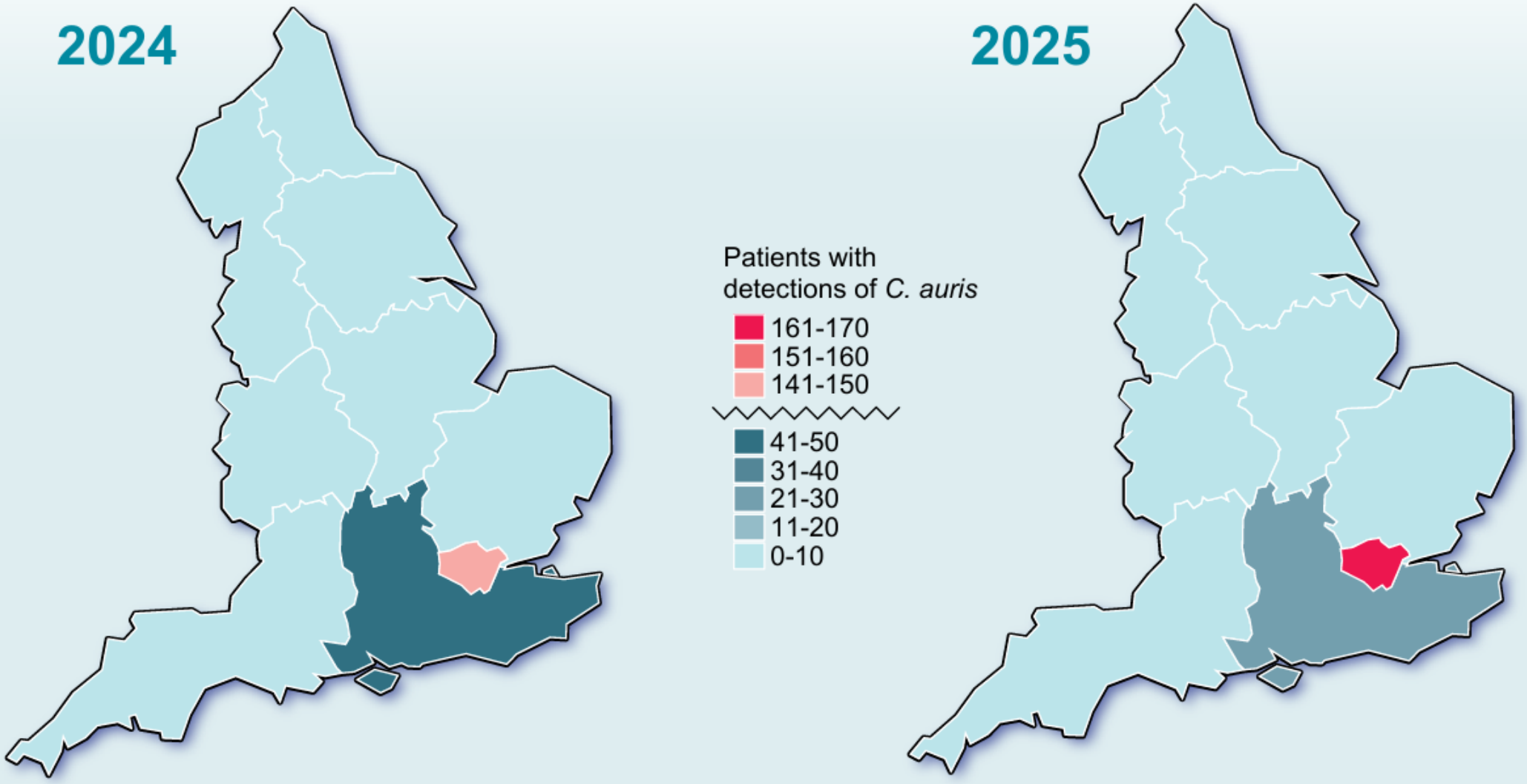
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Fungaemia due to yeast species - 2019 and 2025



*All other yeast species included in these analyses may be found in the ESPAUR 2025 Chapter 2 data tables

Number of patients with detections of *C. auris* in England, 2024 and 2025*



* *C. auris* was made a notifiable (mandatory reporting) organism in England from April 2025. Screening practices for *C. auris* are implemented locally and vary across the country, therefore there is likely under ascertainment of cases.

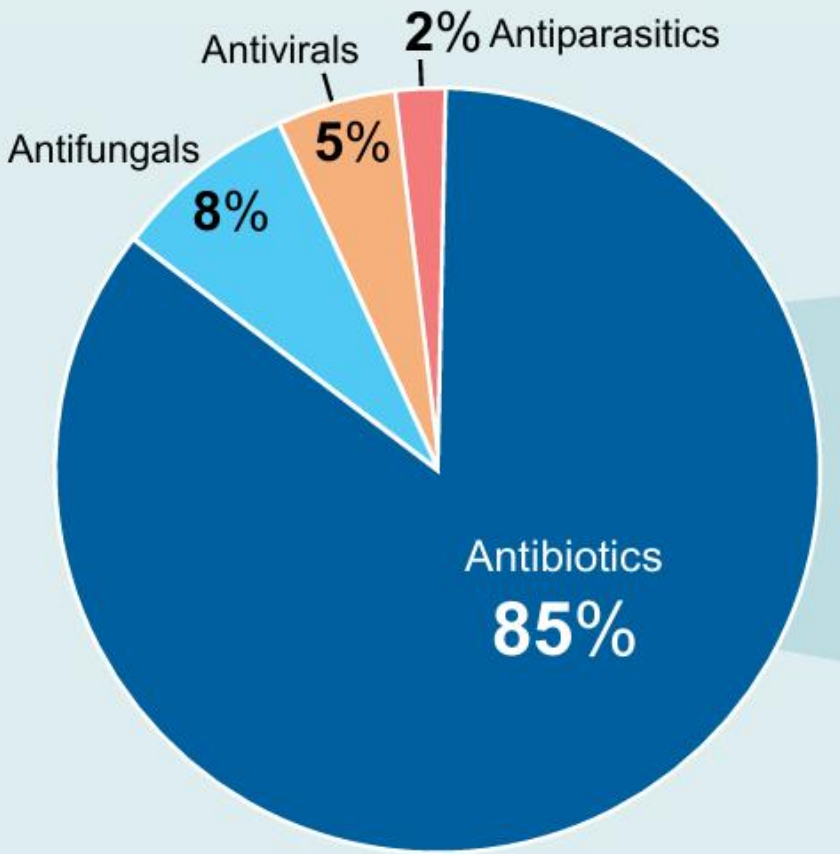
UK Health Security Agency

Chapter 3: Antimicrobial consumption (AMC)

Antibiotics account for the majority of NHS antimicrobial use in England, and are largely prescribed in general practices, 2025

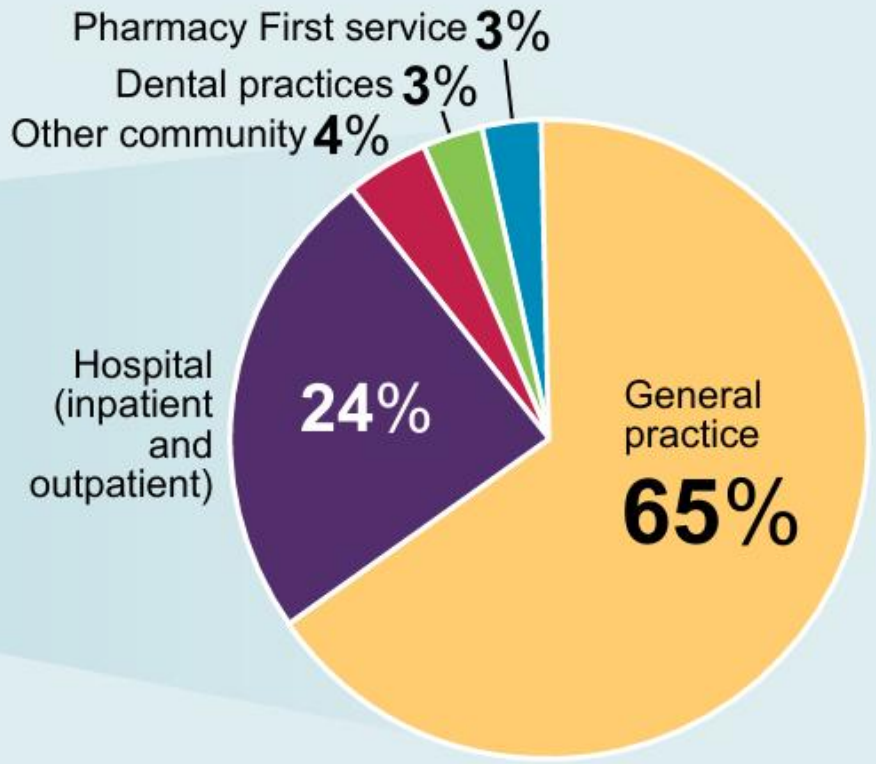
What?

NHS antimicrobial use in England (% defined daily doses)



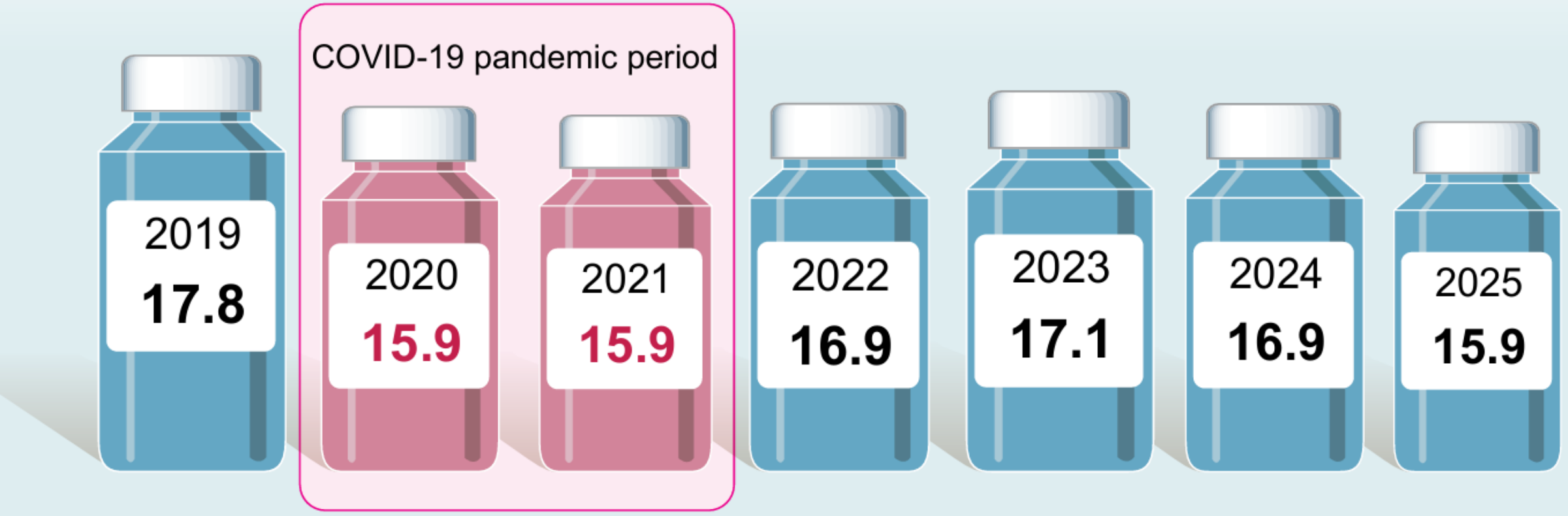
Where?

Antibiotic use by prescriber setting



Note: Antivirals include influenza, COVID-19, hepatitis and herpes simplex virus (aciclovir) treatments. Antiparasitic include antimalarials and anthelmintics.

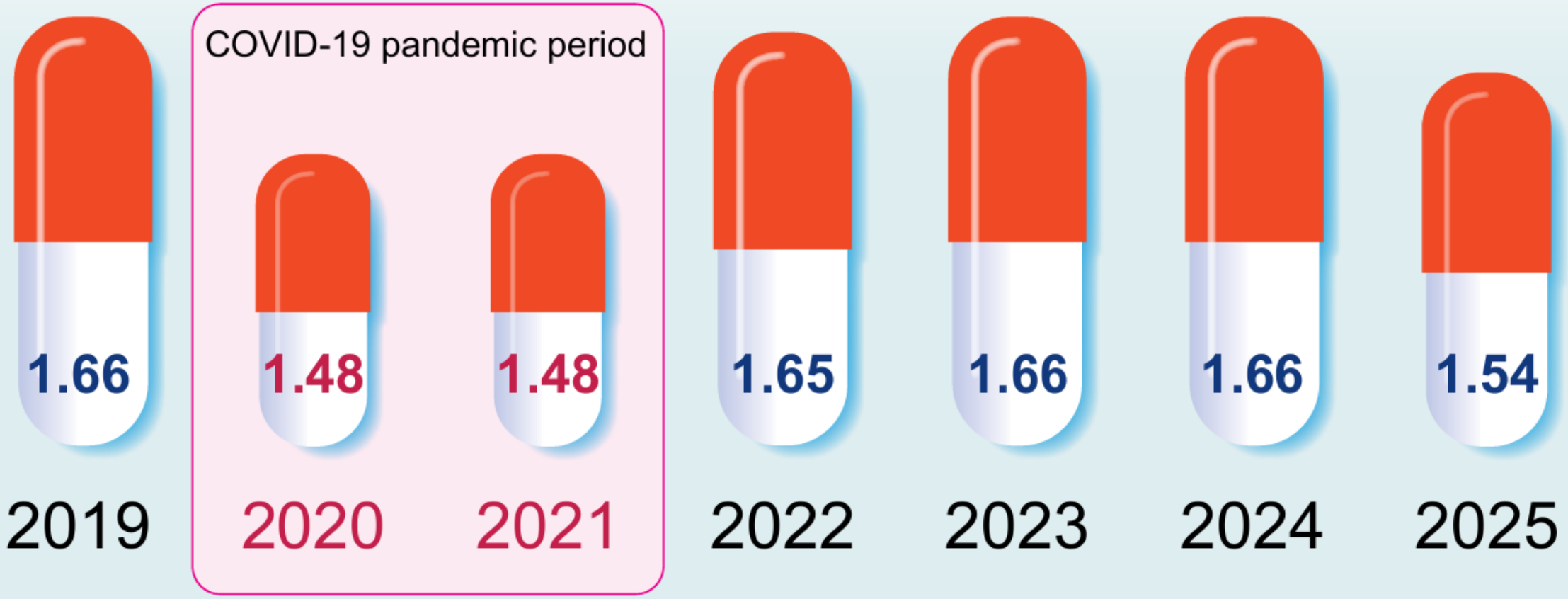
Total NHS consumption of antibiotics has reduced below pre-pandemic levels



(DDDs per 1,000 inhabitants per day)

Pharmacy First data are included for 2024 and 2025

NHS antibiotic consumption in primary care from 2019 to 2025



(Items per 1,000 inhabitants per day)

Pharmacy First data are included for 2024 and 2025

Antibiotic consumption through private (non-NHS routes)

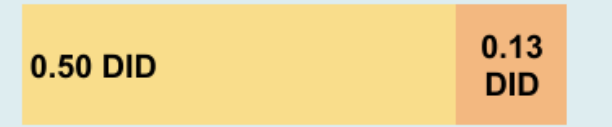
Antibiotic consumption in the independent sector (DDDs per 1,000 inhabitants per day)

2019	2020	2021	2022	2023	2024	2025
0.48	0.39	0.47	0.61	0.74	0.76	0.62



Usage across the independent sector i.e via private (non-NHS) routes includes data on sales to private hospitals and private pharmacies, private prescriptions dispensed in community pharmacies, and private prescription in NHS hospitals

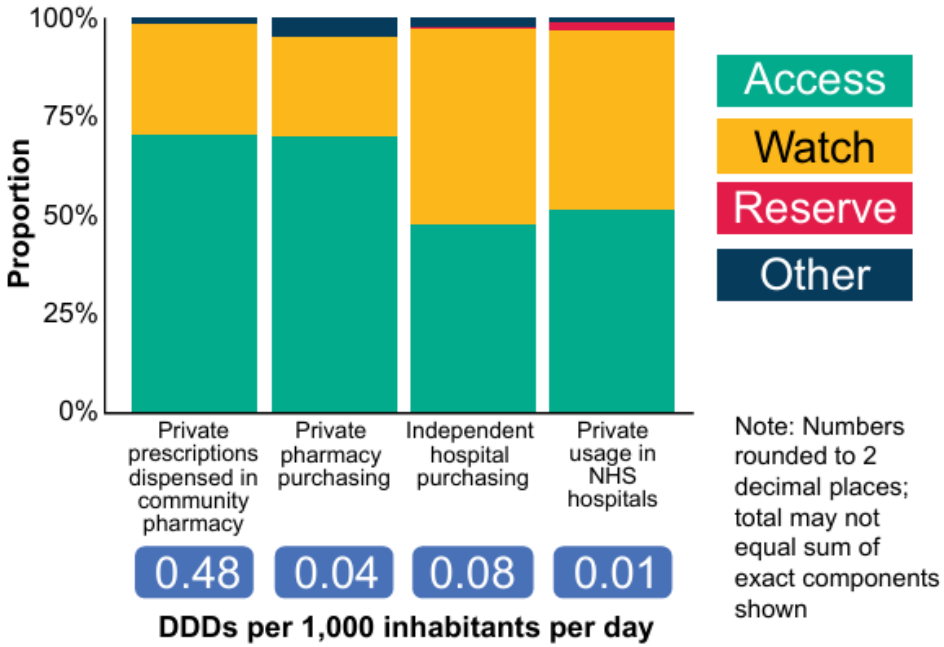
2025: 0.62 DDDs per 1,000 inhabitants per day (DID)



4.0% **NHS** Primary care

In 2025, 4.0% of primary care prescribing was from private prescriptions dispensed in community pharmacies

% AWaRe use in 2025

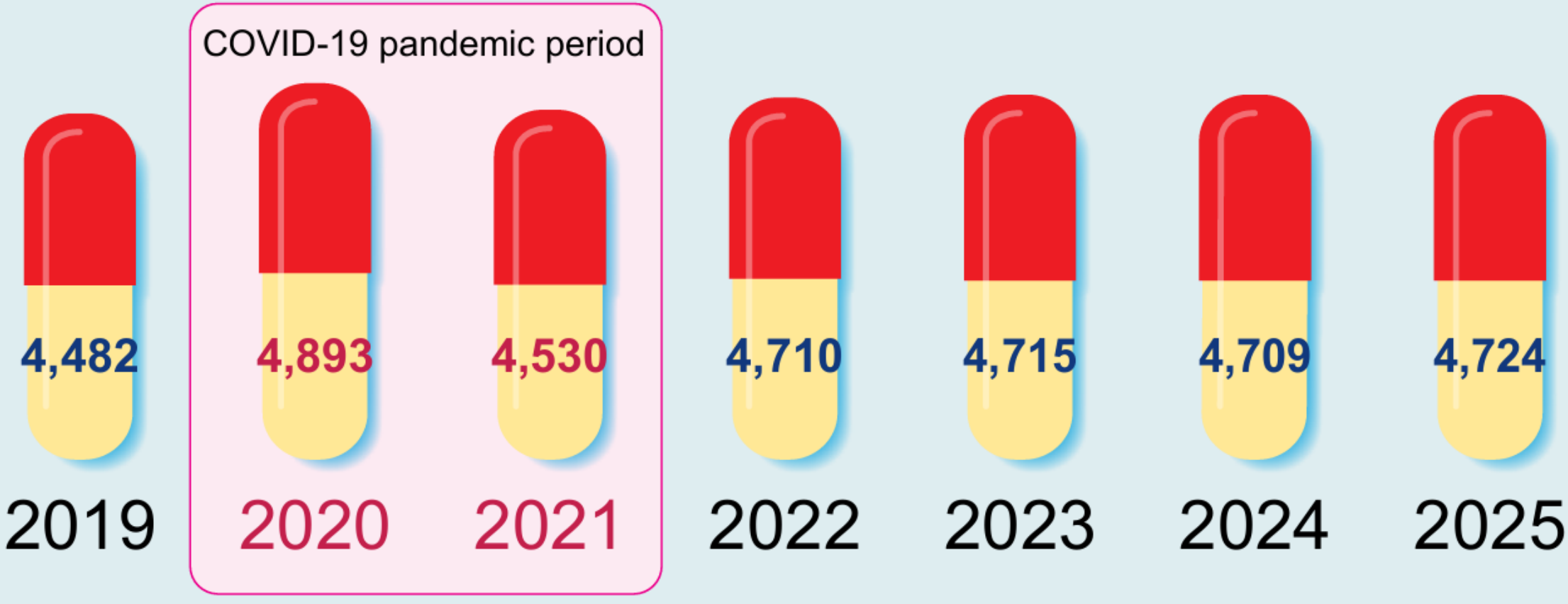


Note: Numbers rounded to 2 decimal places; total may not equal sum of exact components shown

Data updated August 2026

NHS antibiotic consumption in secondary care from 2019 to 2025

DDDs per 1,000 admissions



Being AWaRe

Access



Antibiotics with a narrow spectrum of activity, fewer side effects, lower costs and lower resistance potential. These are first or second choice antibiotics recommended for empiric treatment of the most common infections and should be widely available.

Includes: amoxicillin for pneumonia and penicillin for Streptococcal sore throat

Watch



Broader-spectrum antibiotics with a higher resistance potential. These are first or second choice antibiotics indicated for a limited number of infective syndromes.

Includes: ciprofloxacin in the treatment of complicated UTI

Reserve

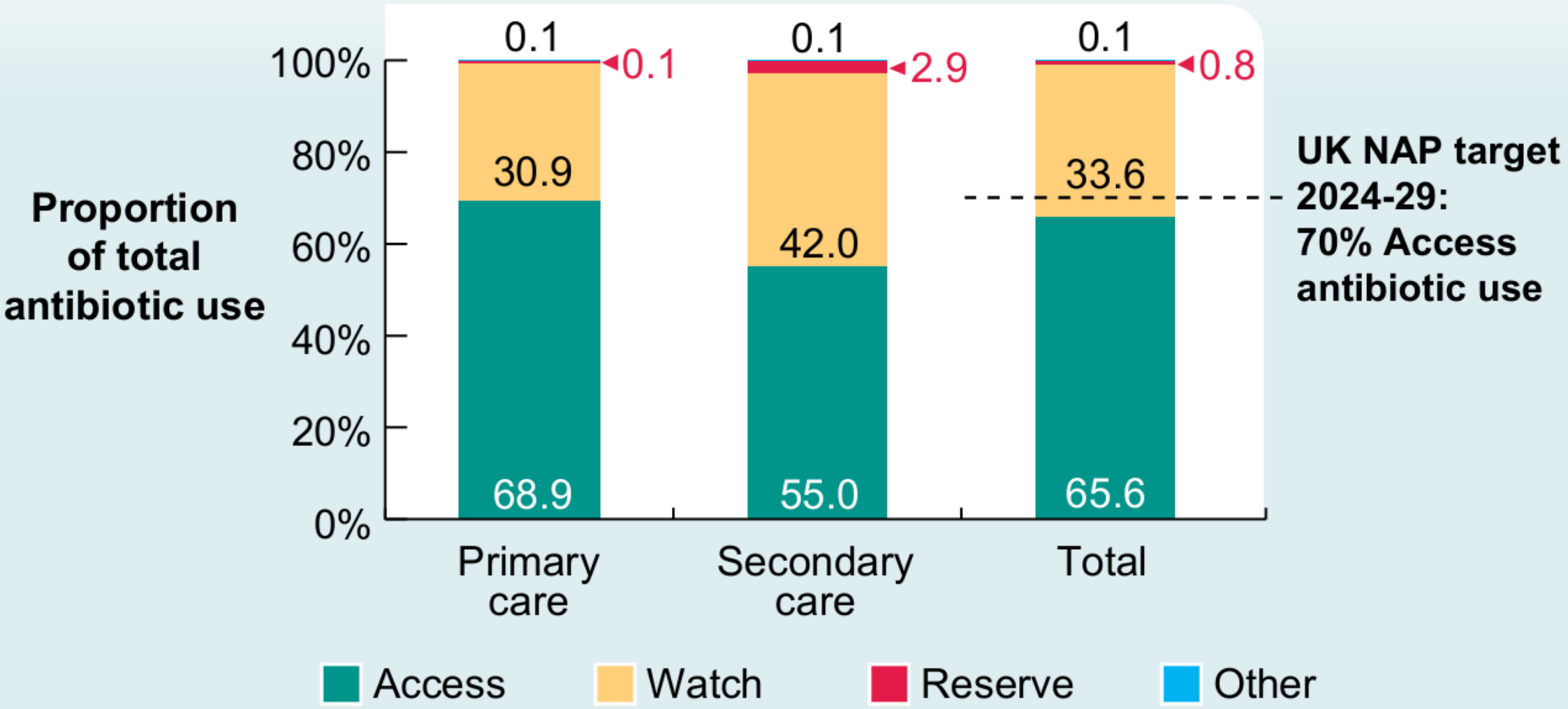


"Last-resort", as well as new antibiotics. These are used for highly selected patients (with infections due to multi-drug resistant bacteria) and are closely monitored.

Includes: colistin and IV parenteral fosfomycin

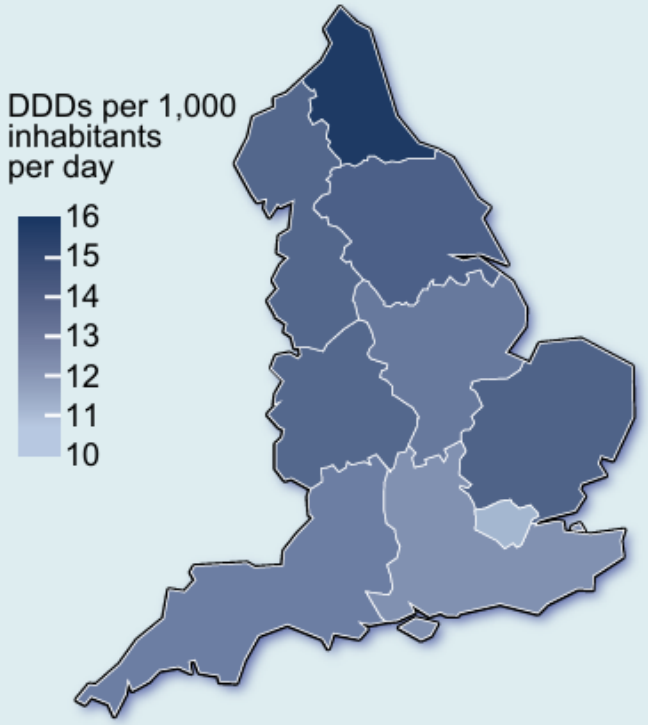
WHO. The WHO AWaRe (access, watch, reserve) antibiotic book. 2022.

Proportion of AWaRe antibiotic use across the NHS (primary and secondary care), in 2025 (using the 2024 UK AWaRe classification)

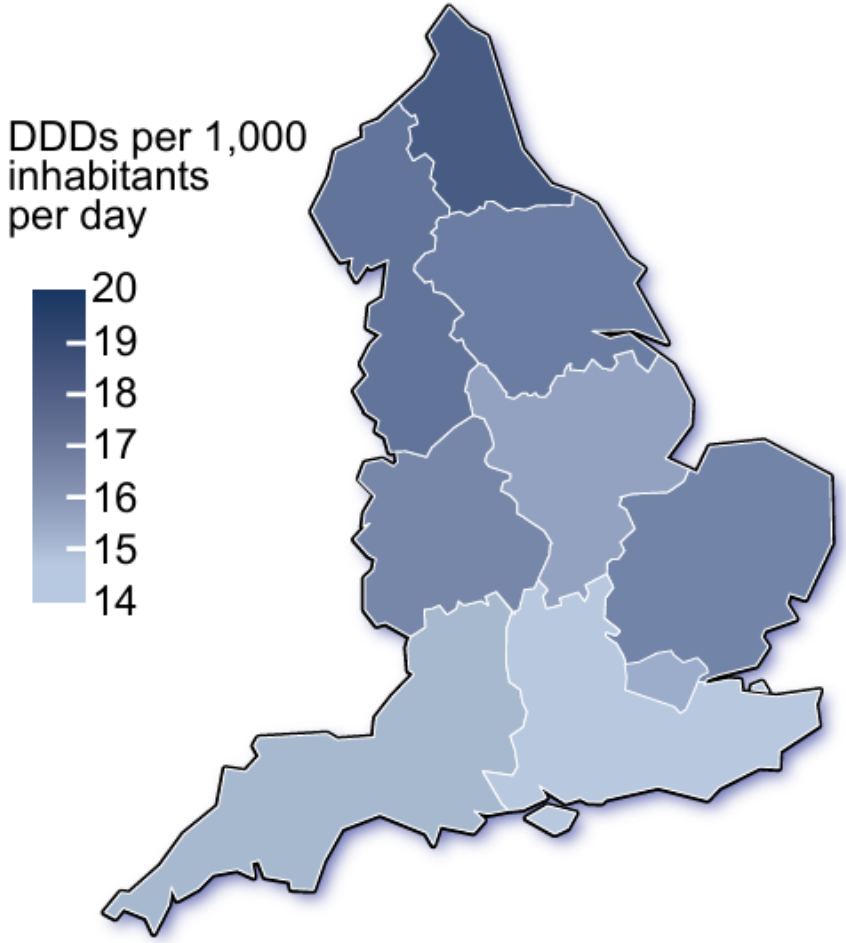


England regional variation in antibiotic consumption, across the NHS

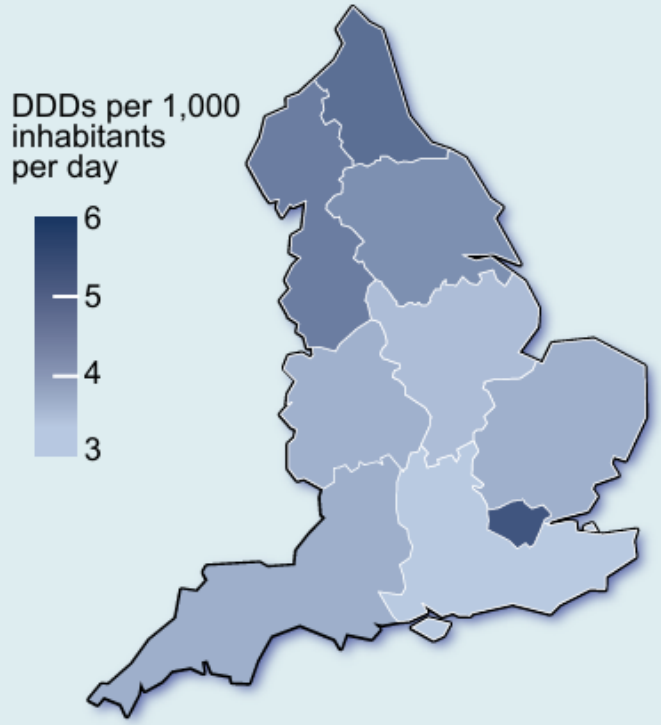
Primary care antibiotic use
in UKHSA centres across England in 2025



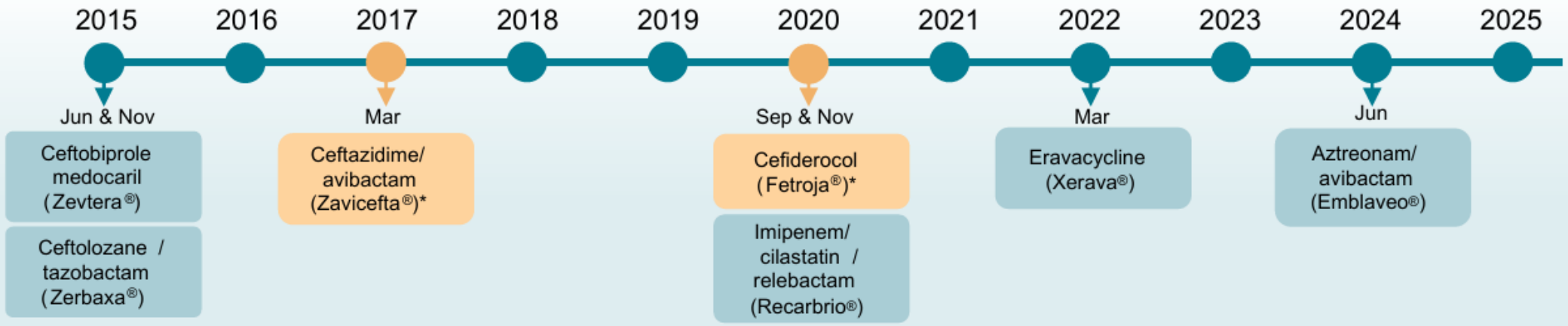
Total antibiotic use
in UKHSA centres across England in 2025



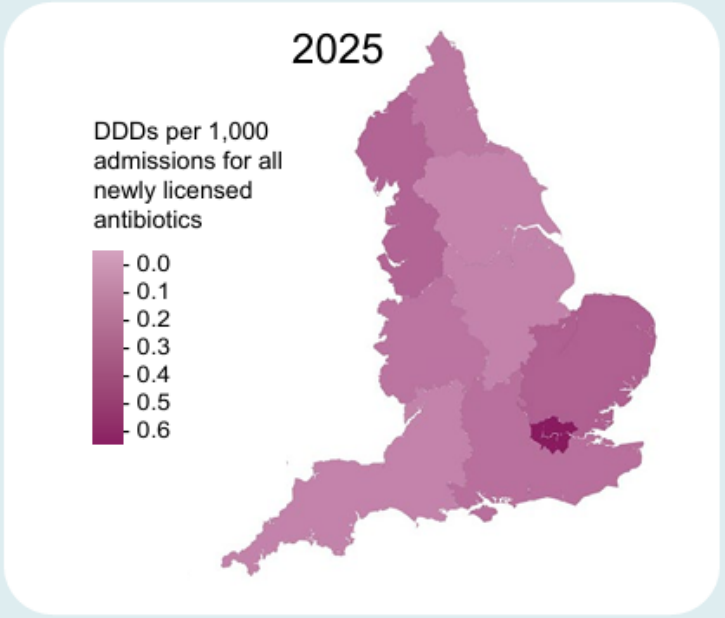
Secondary care antibiotic use
in UKHSA centres across England in 2025

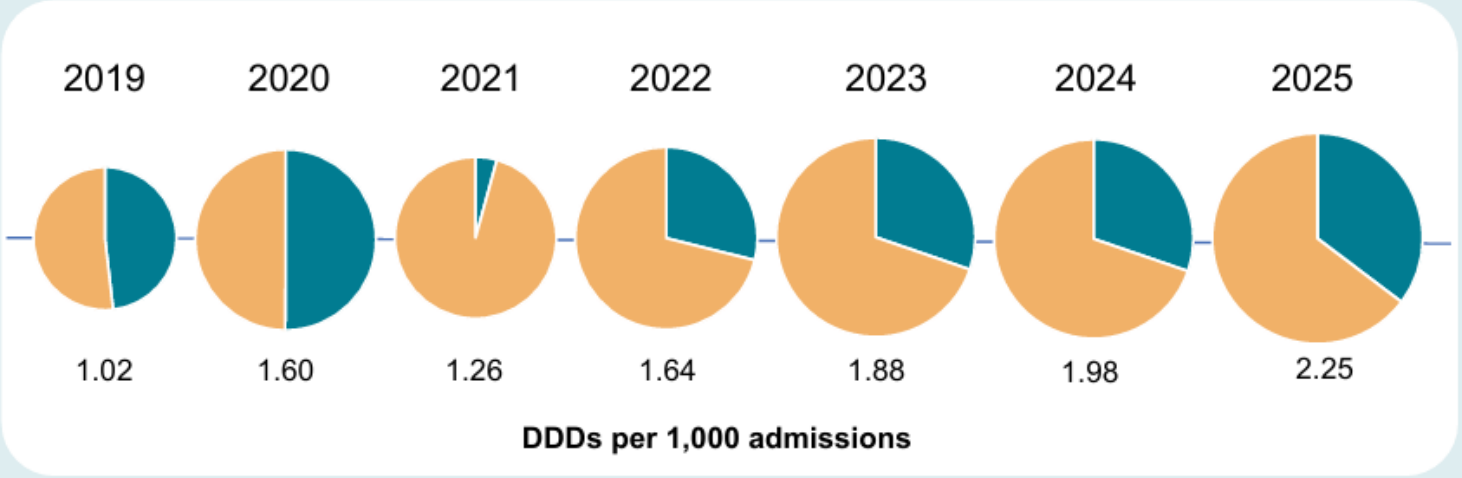


Access & use of newly licensed antibiotics in England (2015–2025)



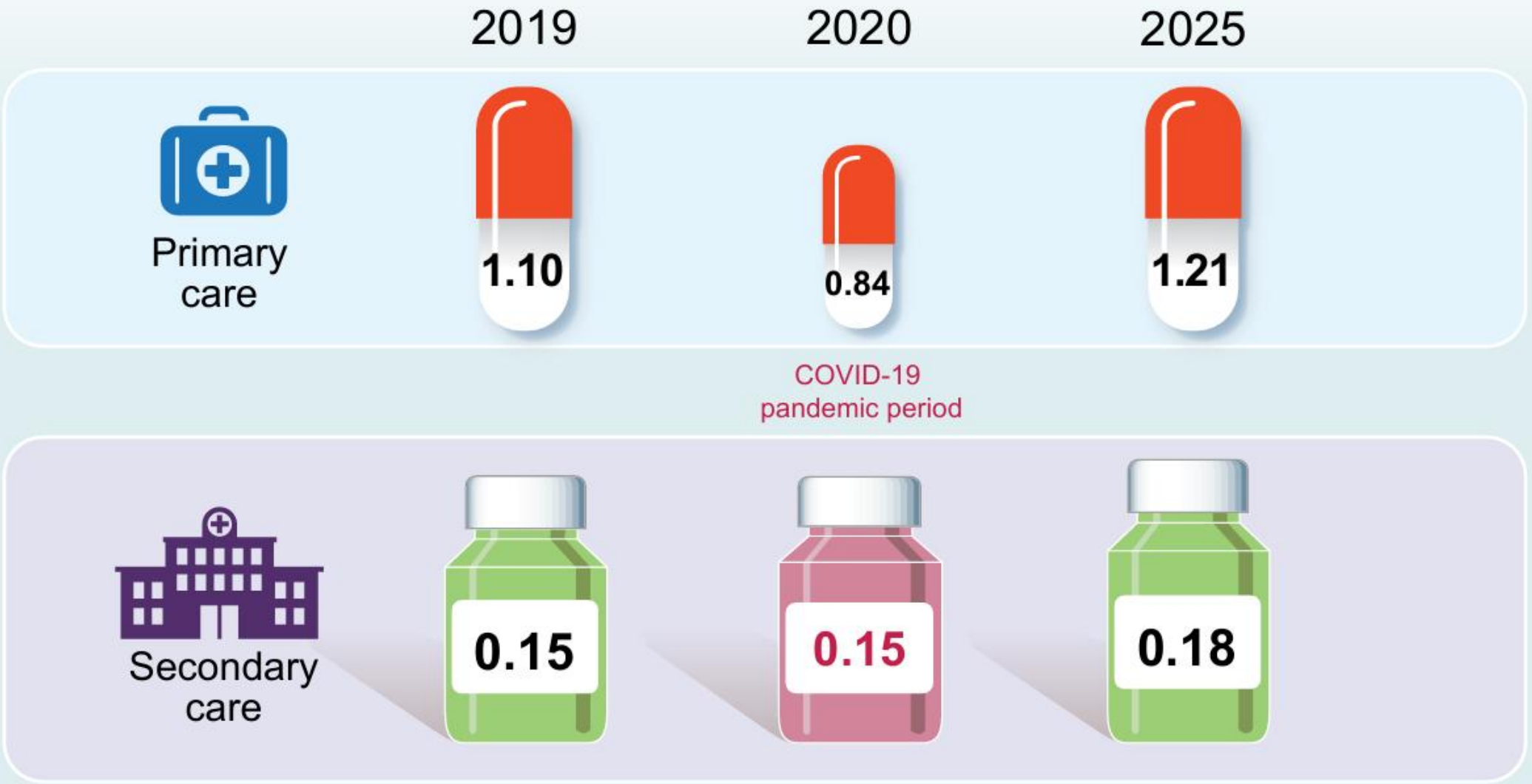
* Included in Antimicrobial Products Subscription Model pilot







Consumption of antifungals in NHS primary and secondary care



UK National Action Plan ambitions and England progress

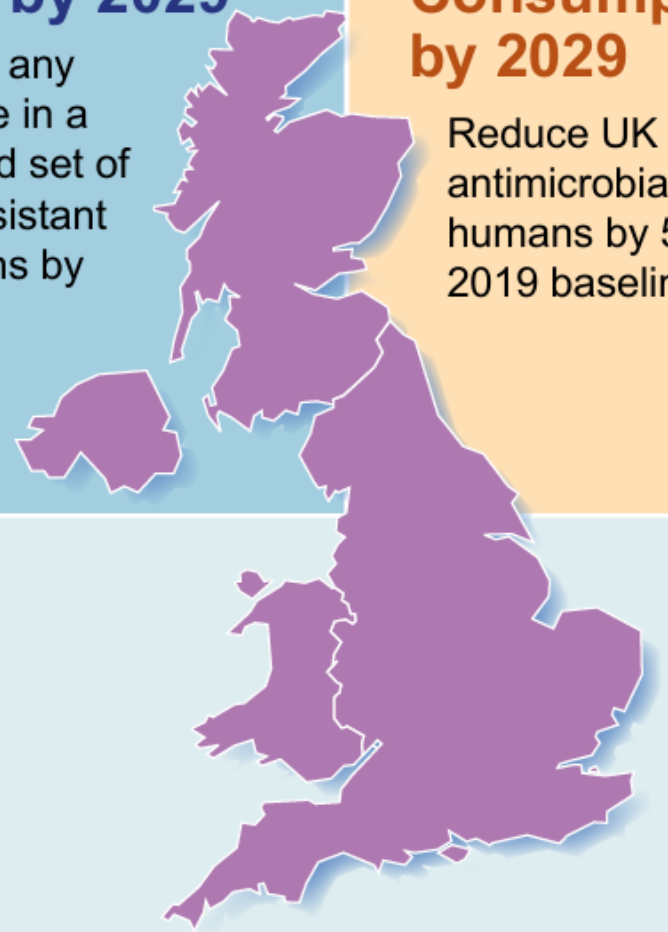
United Kingdom

AMR by 2029

Prevent any increase in a specified set of drug-resistant infections by 2029

Consumption by 2029

Reduce UK antimicrobial use in humans by 5% from 2019 baseline



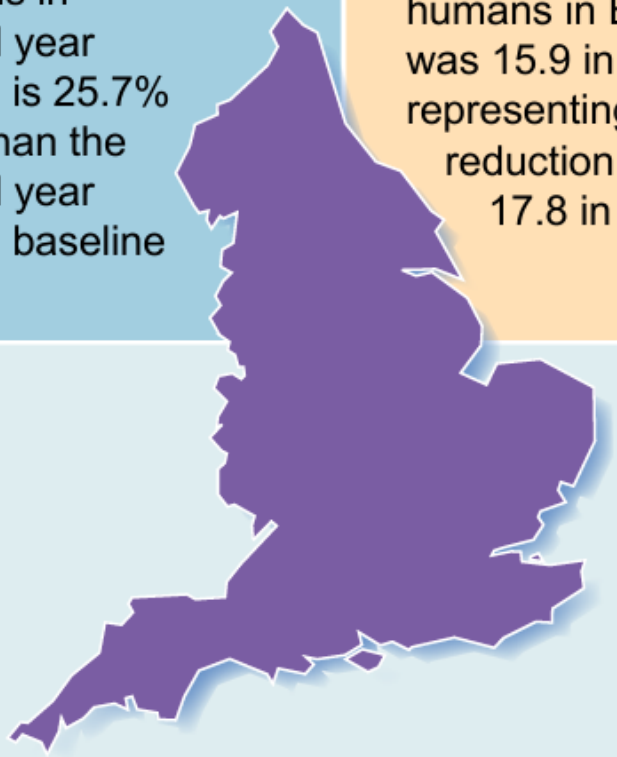
England

AMR in 2025

The estimated number of drug-resistant infections in financial year 2025/26 is 25.7% higher than the financial year 2019/20 baseline

Consumption in 2025

Total antibiotic use in humans in England was 15.9 in 2025, representing a 10.7% reduction from 17.8 in 2019



UK Health Security Agency

Chapter 4: AMR & AMU spotlights

Emerging *Trichophyton indotineae*

Pronunciation: tri-ko-fy-ton in-doe-tin-ee-ay

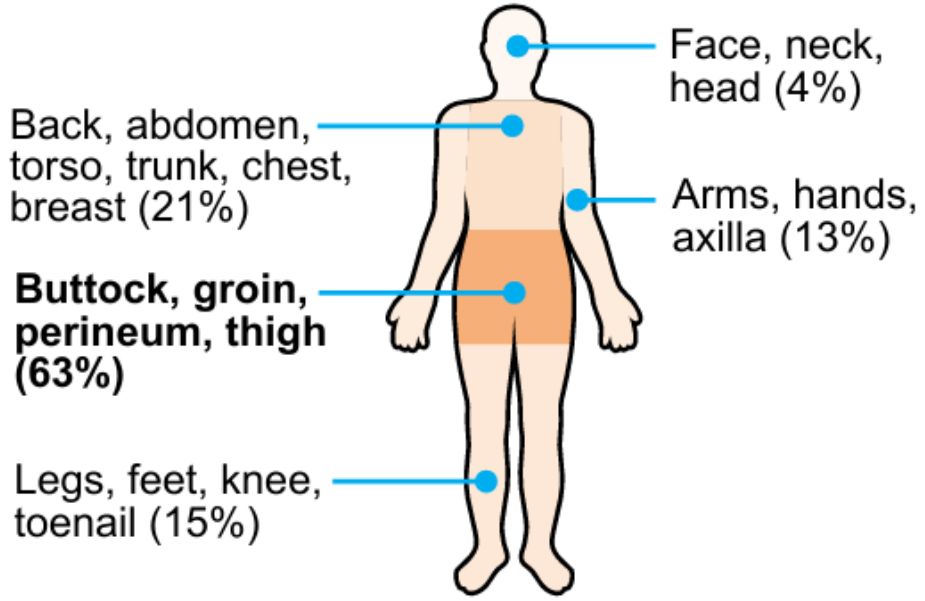
The organism:

- *T. indotineae* is a fungus that causes ringworm, a skin infection that may be widespread, disfiguring and affect multiple body sites
- it is easily spread from person to person

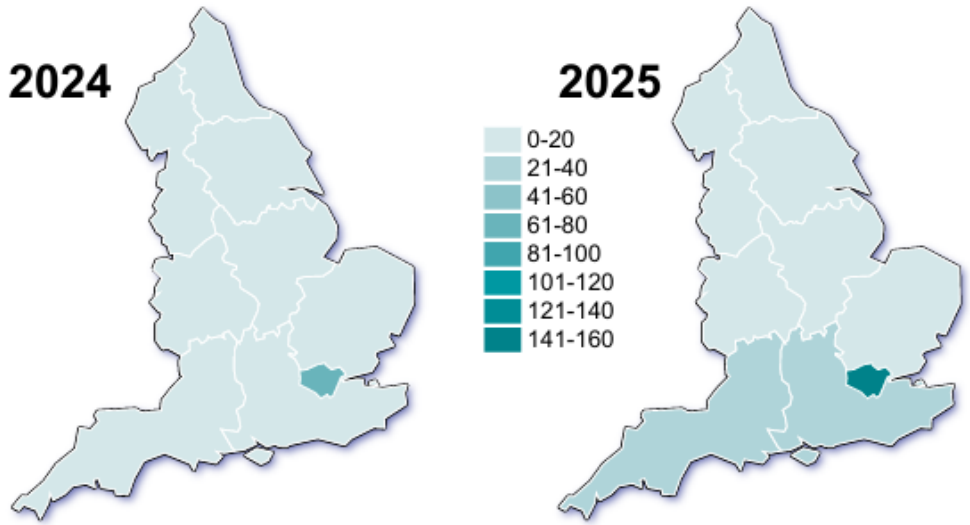
The concerns:

- infections are increasingly reported
- resistant to the most common drug used to treat fungal skin infections
- likely under-detected and under-reported due to low clinical suspicion and limited access to accurate diagnostic testing

UK *T. Indotineae* infections by anatomical site 2017-2025



***T. indotineae* cases referred to the UKHSA Mycology Reference Laboratory by England region**



Methodological considerations when estimating the economic burden of AMR

1 Define what we want to estimate

Population
Who is affected?

Infection & Resistance
Which infections & resistance?

Attribution
Burden due to infection or resistance?

Time horizon
When do consequences occur?

Setting & perspective
Costs to whom?

2 Determine the consequences

A. How many cases?

- number of cases
- spread of cases

B. Care used

Hospital care | Primary care | Community/ Social care | Family/ unpaid care

C. Health impact

- illness & complications
- deaths

3 Value the consequences

Costs
Apply unit costs to resources used

Quality of life loss
Loss from illness or death

4 Estimate burden & potential savings

Total burden from resistant infections

Proportion of burden due to resistance

Potential savings from reducing infections or resistance

Preliminary estimates

Hospital stays for patients that had Gram-negative blood stream infections costed NHS England trusts:

£840 million
in 2023 financial year

Estimates reflect **total admission costs** rather than costs attributable to the infection or resistance

UK Health Security Agency

Chapter 5: Antimicrobial stewardship

TARGET activities 2025 to 2026



Engaged with **59** professionals and **50** members of the public to develop **3 new resources** (expected 26/27)

TARGET

Keep Antibiotics Working



WAAW campaign reached over **29,000** RCGP members and was viewed over **1.1 million times** on Google and social media



Published updated NHSE/UKHSA UTI Diagnostic Quick Reference Tool



UTI pre-consultation survey accessed by over **200,000** people



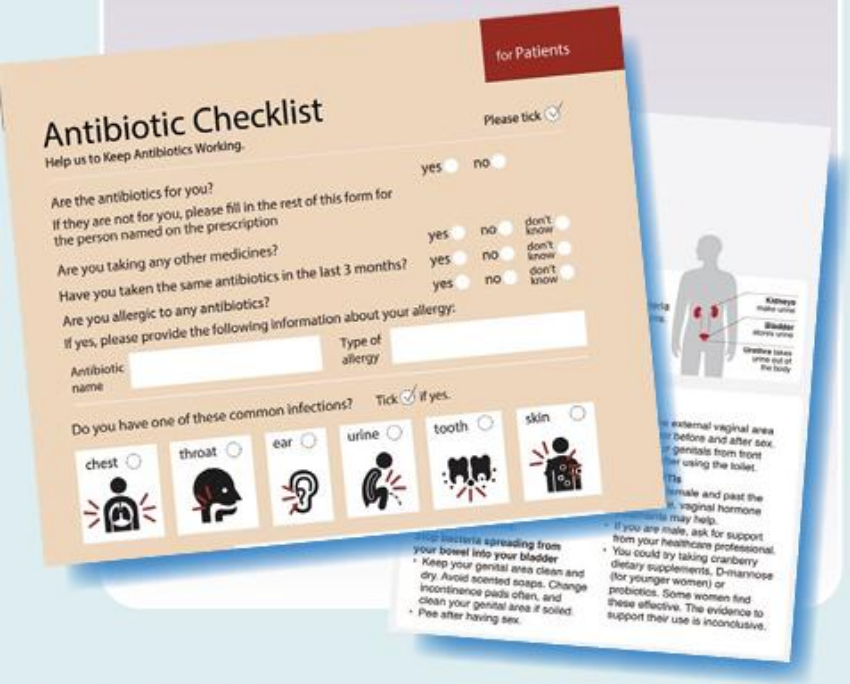
Ran three webinars with a combined total of **980** attendees and **643** online views

Abbreviations: **TARGET**, Treat Antibiotics Responsibly, Guidance, Education and Tools; **UTI**, urinary tract infection; **WAAW**, World Antimicrobial Resistance Awareness Week; **RCGP**, Royal College of General Practitioners; **NHSE**, NHS England

TARGET resources supporting the UTI Care Pathway

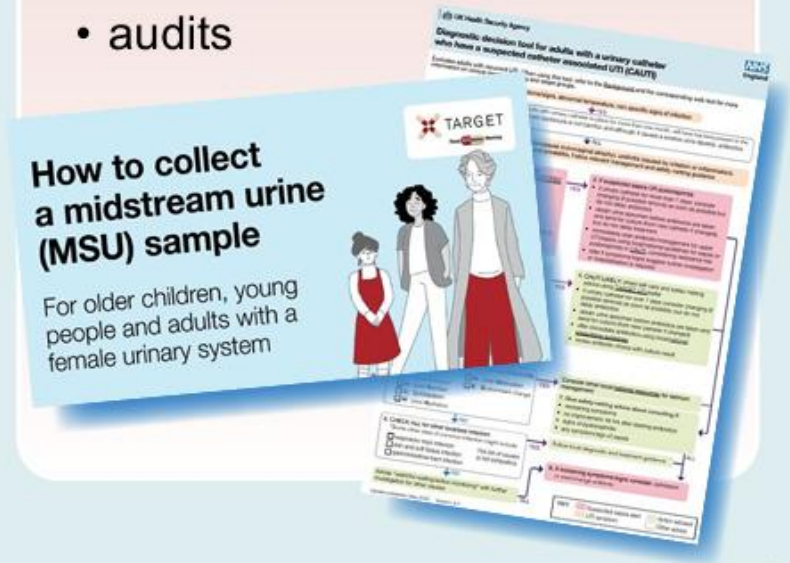
Pharmacy

- patient information leaflets
- TARGET antibiotic checklist



GP

- diagnostic quick reference tool
- urine sample collection leaflets and videos
- patient information leaflets
- training and learning tools
- audits



Care home

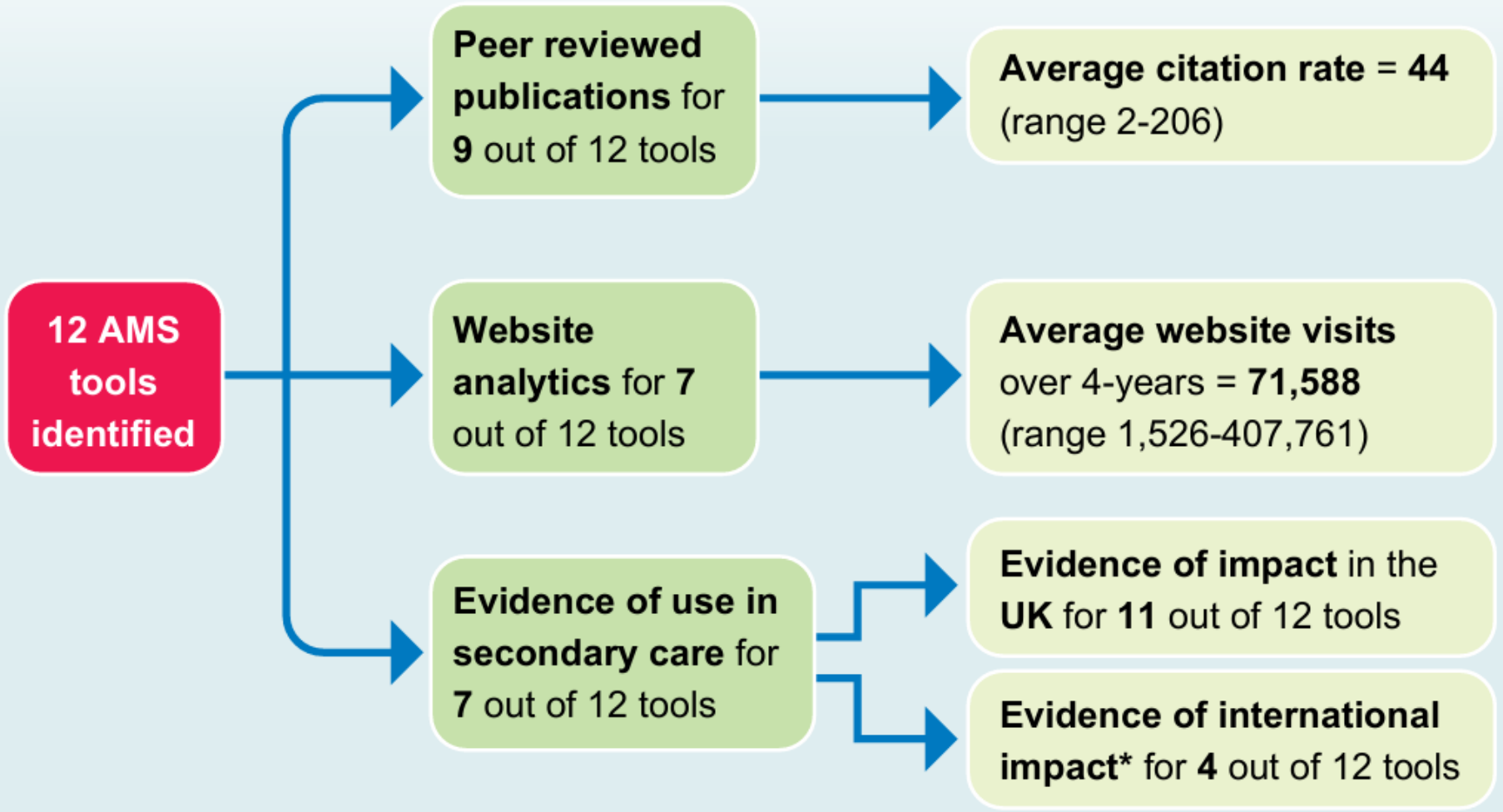
- patient information leaflets
- UTI communication tools and diagnostic support



Draft UTI communication tool, publication by end of 2026

Findings from a scoping review and impact assessment of UKHSA tools to support secondary care in England

1. Start Smart then Focus
2. Antibiotic Guardian website
3. ESPAUR report
4. EAAD and WAAW toolkit
5. Prescribing competencies
6. England adapted AWaRe categories
7. National AMS surveillance system
8. Fingertips AMS portal
9. IV to Oral Switch Criteria (adults)
10. National Audit Tool for hospitals
11. Secondary care peer-to-peer review tool
12. IV to Oral Switch Criteria (paediatrics)



* Impact was defined as: Evidence of the tool influencing national or international AMS policy/guidelines or other tools

Berry R and Ashiru-Oredope D. Evidence of impact of national stewardship tools for secondary care in England. 2025

Findings from anonymous online survey of secondary care antimicrobial stewardship (AMS) tools

1 Respondents

90 AMS specialists responded

68% from Acute Trusts (61/90)

50% had dedicated AMS time (45/90)

2 Evaluation of 12 AMS tools

AWARENESS INDEX

Top 5 Tools

1 Antibiotic Guardian website
2 IVOS Criteria (adults)
3 Antimicrobial prescribing & stewardship competencies
4 Start Smart Then Focus Toolkit
5 England adapted AWaRe

Lowest 2 Tools

11 National Audit Tool for hospitals
12 Secondary care peer-to-peer review tool

USABILITY INDEX

Top 5 Tools

1 Start Smart Then Focus Toolkit
2 EAAD & WAAW Toolkit
3 England adapted AWaRe
4 Antibiotic Guardian website
5 Antimicrobial prescribing & stewardship competencies

Lowest 2 Tools

11 National Audit Tool for hospitals
12 Secondary care peer-to-peer review tool

DEPLOYMENT INDEX

Top 5 Tools

1 Antibiotic Guardian website
2 Start Smart Then Focus Toolkit
3 England adapted AWaRe
4 Antimicrobial prescribing & stewardship competencies
5 EAAD & WAAW Toolkit

Lowest 2 Tools

11 National Audit Tool for hospitals
12 Secondary care peer-to-peer review tool

PERCEIVED IMPACT INDEX

Top 5 Tools

1 Start Smart Then Focus Toolkit
2 England adapted AWaRe
3 IVOS Criteria (adults)
4 EAAD & WAAW Toolkit
5 Antimicrobial prescribing & stewardship competencies

Lowest 2 Tools

11 National Audit Tool for hospitals
12 Secondary care peer-to-peer review tool

Patterns suggesting a relationship between awareness, use, deployment and perceived impact

3 Organisation readiness

+18 percentage point

AMS staff with dedicated or protected time had organisational readiness scores approximately 18 percentage points higher than those without dedicated time aligned with thematic analysis

4 Thematic analysis of facilitators and barriers

Utilisation of national AMS tools

	Facilitator	Barrier
Leadership support and organisation readiness	National endorsement	Lack of organisational ownership and buy-in
Time, resources and capacity	Education & training	Time & staff constrains
Usability, integration and perceived impact	Accessible/User friendly/Patient safety	Integrate with digital system & clinical workflow
Professional culture and behavioural change	Positive leadership behaviour, best practice sharing	Lack of senior clinician engagement & buy-in
Awareness and intepretation	Awareness/Visibility	Data interpretation and relevance for non AMS specialists

Development of a health inequalities toolkit

Scoping review conducted — January – March 2024

Grey literature search — September – October 2025

Data extraction and resource bank development — November 2025 – January 2026

Workshop held to discuss format of toolkit and provide feedback on suggested content — February 2026

- workshop held to recieve feedback on draft toolkit
- call for evidence
- met with dashboard team to discuss how to host the toolkit

March 2026

Population groups that resources have been categorised by:

Population group	Number of resources included
Age	18
Care leavers / vulnerable young people	1
Clinical vulnerability	2
Deprivation / socio-economic disadvantage	6
Disability	7
Ethnicity	5
Gender	3
General population	19
Geography	1
Gypsy, Roma, and Traveller communities	4
Low health literacy	2
Marriage / civil partnership	2
Migrants	3
Overcrowded / communal housing	2
People experiencing drug and/or alcohol dependence	4
People experiencing homelessness	4
People in contact with criminal justice system	5
Pregnancy and maternity	5
Religion or belief	3
Sex	6
Sex workers	3
Sexual orientation	2
Underserved / disadvantaged populations	8



Scottish Government Riaghaltas na h-Alba

HSC Public Health Agency

NHS England

Public Health Scotland

GIG CYMRU NHS WALES — Iechyd Cyhoeddus Cymru Public Health Wales

SEPA Scottish Environment Protection Agency

UK Health Security Agency

Veterinary Medicines Directorate

WARWICK THE UNIVERSITY OF WARWICK

Addressing health inequalities in infection and AMR

A UK-wide collaborative toolkit to help organisations identify unequal burden in infection and AMR, select relevant resources and translate local needs into action

Supports UK AMR National Action Plan 2024-2029 – Outcome 8 and Commitment 8.2

Focus: inequalities in access, infection incidence, clinical outcomes, vaccine uptake and antimicrobial exposure

4 UK nations

Co-developed across the UK

86 signposted resources

Evidence, tools, data and examples in one place

3 core sections

Data • practical resources • shared learning

23 population categories

Protected characteristics • social determinants • inclusion health

AMR data & dashboards

Find evidence to understand:

- where inequalities exist
- which populations are most affected
- where action should be prioritised
- whether interventions reduce gaps over time

National • regional • local • UK-wide sources

Practical resources

Translate identified needs into action using:

- guidelines and structured approaches
- toolkits, assessment tools and flowcharts
- patient information and communication materials
- e-learning and workforce development resources

Search by population • type • language • focus • user

Case studies & learning

Learn from practice across different settings:

- how teams identified local challenges
- interventions implemented and adapted
- barriers encountered and lessons learned
- ideas for replication and continuous improvement

Campaigns • co-production • QI • research

Navigate resources across 23 population and inequality categories

Age • Care leavers & vulnerable young people • Clinical vulnerability • Deprivation • Disability • Ethnicity • Gender • General population • Geography • Gypsy, Roma & Traveller communities • Low health literacy • Marriage/civil partnership • Migrants • Overcrowded/communal housing • Drug/alcohol dependence • Homelessness • Criminal justice • Pregnancy/maternity • Religion/belief • Sex • Sex workers • Sexual orientation • Underserved or disadvantaged populations

Identify the gap → **Select relevant resources** → **Adapt locally** → **Implement** → **Monitor impact** → **Share learning**

Resources are signposted rather than independently quality-assured: assess suitability, accuracy and local applicability, and ensure interventions do not exacerbate inequalities.

Behavioural interventions for AMR: an umbrella review

Aim

To describe and summarise behavioural interventions for AMR to identify effective intervention strategies and to identify where health inequalities may exist

8,164 records screened

40 reviews included*
~346 unique individual papers

44 unique combinations of intervention functions

Most commonly reported intervention functions

- Education
- Persuasion
- Training
- Enablement

What the review shows

Intervention content varied + Target populations varied + Outcome populations varied + Outcome measures varied → **Mixed effectiveness** across and within intervention types

Why it matters

- Health inequalities are difficult to assess due to limited reporting on outcome populations
- Standardisation of reporting related to intervention content, populations and outcomes is essential
- Future studies should als focus on study quality and robust evaluation

UK Health Security Agency

Chapter 6: NHS England – improvement and assurance schemes

NHS England improvement and assurance schemes 2025 to 2026

NHS Oversight Framework



4% fewer children aged 0-9 received antibiotics, from

32% to **28%**

(Target **27%**)

20/41 ICBs met target (**49%**)

% of children exposed to antibiotics fell, but remained above target

National Medicines Optimisation Opportunities*



5% increase in proportion of 5-day amoxicillin 500mg prescriptions (69% ≥ 74%)

Total **26,118** fewer amoxicillin 500mg capsule items

2.0% increase in IV antibiotic consumption from 1140 DDDs/1000 admissions (2024-25) to 1163 DDDs/1000 admissions (2025-26)

Shortest effective course use continue to improve but IV antibiotic consumption rose
(coinciding with withdrawal of CQUINs** in 2025)

NHS Standard Contract



84 (65%) trusts reduced Watch and Reserve antibiotic use

In England **2,136** DDD per 1,000 admissions

-4.2% below 2019-20 baseline

Hospital broad-spectrum antibiotic use reduced against baseline

Pharmacy Quality Scheme



8,789 contractors submitted audit data

92,320 Acute Sore Throat consultations

Compliance with all audit criteria ranged from **73.0%** to **98.6%**

Compliance was lowest for carrying out a neck exam for those with FeverPAIN 2-3 at **73.0%**

Compliance was highest for providing advice on when to re-consult at **98.6%**

Compliance ranged from 73.0% to 98.6%

*NMOOs were archived in February 2026. **CQUINs – Commissioning for Quality and Innovation

Pharmacy First - April 2025 to March 2026

ACROSS ALL 7 INFECTION PATHWAYS


Acute otitis media


Acute sinusitis


Acute sore throat


Impetigo


Infected insect bites


Shingles


Uncomplicated urinary tract infection



Patient access **increased by 42.2%** on average



Percentage of consultations resulting in antimicrobial supply was lower, ranging from **1% to 5%** lower by pathway, compared to the previous year



WITH A TOTAL OF **3,328,445** CONSULTATIONS DELIVERED in English community pharmacies



97% of all consultations were face to face



Children aged **0–14 years** accounted for **20%** of all Pharmacy First consultations



43% to 84% of consultations had an antimicrobial supplied



Effective analgesia – acute otitis media accounted for **49%** of consultations for children and of these **32%** were supplied antibiotic-sparing analgesic anaesthetic ear drops



Shining a light on gender differences Excluding UTI **64%** of adult consultations were for females



Improving timely access to appropriate treatment About **850,000** women used the uncomplicated UTI pathway

For UTI **4 in 5** were supplied an immediate antibiotic



Capability Framework for Antimicrobial Stewardship (AMS) Specialists

Domain 1: Professional practice
Provides specialist AMS knowledge, skills and practices to shape and deliver AMS in their organisation and healthcare system, for the benefit of individual patients and services; collaborating with other patients, and the public

Domain 2: Leadership and management
Provides leadership across organisations and systems to optimise the management of infections and use of antimicrobials; leading on complex issues relating to AMR and behaviours driving antimicrobial use

Domain 3: Education
Develops and improves the knowledge, attitudes, and practices of others regarding the optimal use of antimicrobials; and uses their own professional development to improve AMS programmes and patient care.

Domain 4: Research and Quality Improvement
Co-ordinates and surveillance and monitoring of antimicrobial use across services, organisations, and systems; and develops and applies evidence to improve AMS programmes and interventions and optimise the use of antimicrobials.

Capability statements and descriptors of practice for core, advanced and expert to guide users through benchmarking and professional development

Applicable to healthcare professionals specialising in AMS from all professional backgrounds working in all sectors of the NHS

BRITISH SOCIETY FOR ANTIMICROBIAL CHEMOTHERAPY

NHS England

Associated resources:
- Job descriptions
- Person specifications
- Job plans

Core
(enhanced)
Supports the delivery of AMS activities

Advanced
Delivers and develops AMS programmes and activities

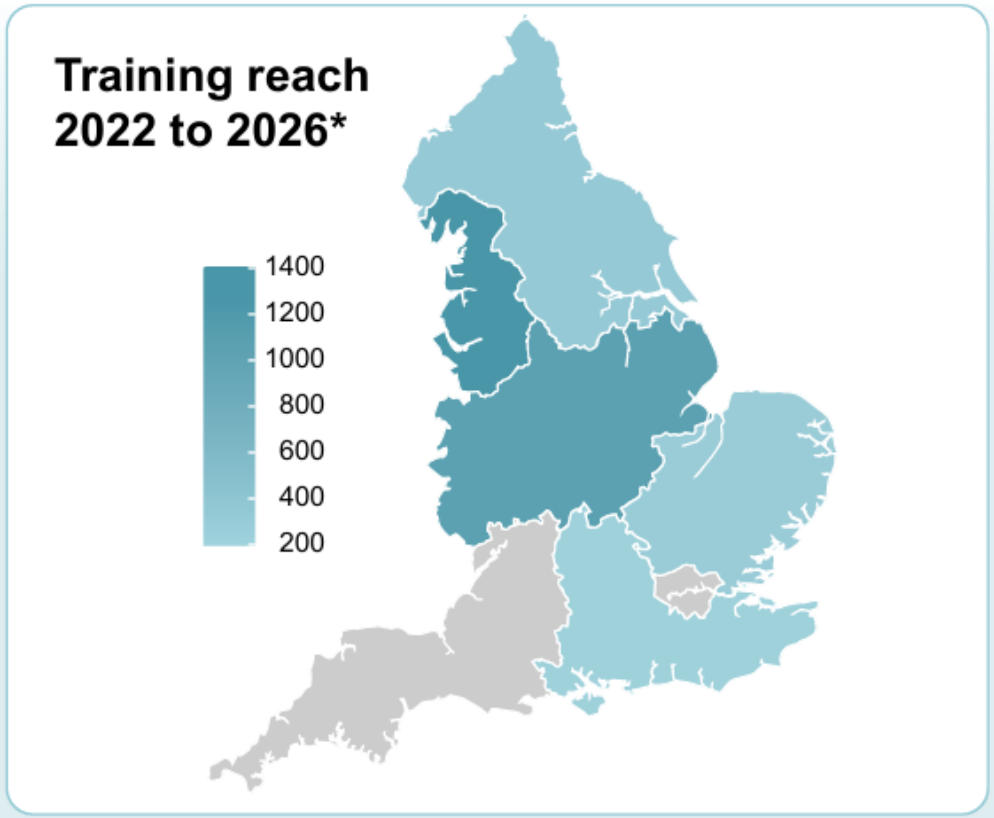
Expert
Leads and is responsible for AMS programmes

Signposting to educational resources for AMS knowledge and skills to support practitioners to move from core to advances and expert advice

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Chapter 7: Professional and public education and training

TARGET training roll out reach and impact 2025/26



Training reach over time (with training type indicated)

2022-23	2023-24	2024-25	**2025-26**
107	1322	986	844

Overall training reach = **3,318** (October 2022 to March 2026)

* Figures obtained through completed evaluation surveys, actual training reach expected to be higher

High intention to enact antimicrobial stewardship activities post-training (n=534)



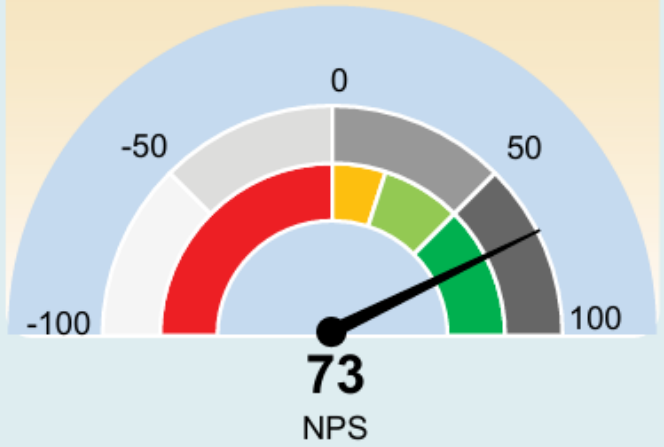
47% Intend to implement these actions within 6-months post-training
n=442

Abbreviations: **TARGET**, Treat Antibiotics Responsibly, Guidance, Education and Tools; **NHSE**, National Health Service England; **AMR**, Antimicrobial Resistance

TARGET and RCGP antimicrobial stewardship webinars

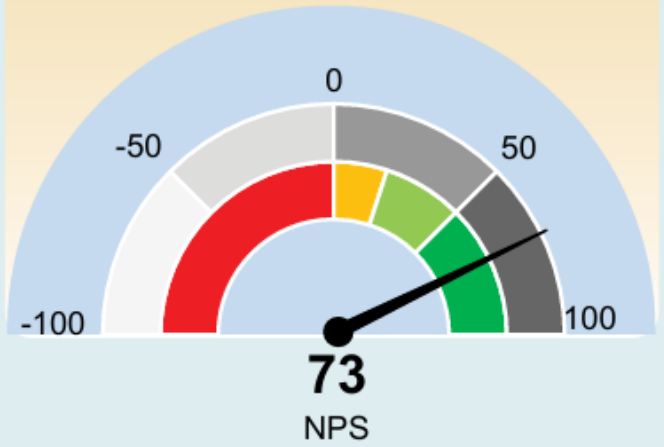
Managing RTIs in children: What is the evidence?

(506 attendees)



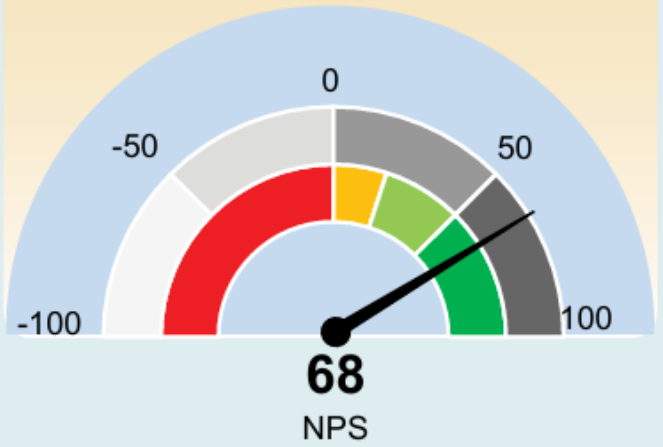
From guidance to practice: Managing paediatric RTIs

(300 attendees)



Clinical decision making for skin infections: From Group A strep to insect bites

(174 attendees)



Net Promoter Score (NPS) is a metric used to measure customer satisfaction

Needs improvement | Good | Great | Excellent

Abbreviations: **TARGET**, Treat Antibiotics Responsibly, Guidance, Education and Tools; **RCGP**, Royal College of General Practitioners; **AMS**, Antimicrobial Stewardship; **NPS**, Net Promoter Score; **Group A strep**, Group A streptococcus

e-Bug topics across key stages

EYFS 3-5yrs KS1 5-7yrs



KS2 7-11yrs



KS3 11-14yrs



KS4 14-16yrs



	EYFS	KS1	KS2	KS3	KS4
Introduction to microbes		■	■	■	■
Useful microbes			■	■	■
Harmful microbes			■	■	■
Hand hygiene	■	■	■	■	■
Respiratory hygiene	■	■	■	■	■
Oral hygiene	■	■	■	■	■
Food hygiene			■	■	■
Animal and farm hygiene			■		
Vector-borne diseases		■	■	■	■
Sexually transmitted infections				■	■
Vaccinations			■	■	■
Antibiotics			■	■	■
Antimicrobial resistance					■

Abbreviations: **EYFS**, Early Years Foundation Stage; **KS1**, Key Stage 1; **KS2**, Key Stage 2; **KS3**, Key Stage 3; **KS4**, Key Stage 4

e-Bug resources for school and community settings

Germ Busters Academy

Setting: Wraparound care, youth groups, school and holiday clubs

Audience: Children ages 5 to 16

Interactive resources teaching children about germs, infection prevention, AMR and healthy habits



VBD Teaching Resources

Setting: Schools

Audience: Key stages 1 to 4 (Ages 5 to 16)

Curriculum-linked lesson plans, activities and worksheets covering vectors, VBD transmission, prevention, and One Health



Beat the Bugs

Setting: Community

Audience: Young adults with learning disabilities

Six-session course covering microbes, hygiene, antibiotic use and AMR, self-care when unwell and accessing reliable health information



Abbreviations: **AMR**, Antimicrobial Resistance; **VBD**, Vector-borne Diseases

e-Bug engagement 2025 to 2026



Access
Over 198,179 views on the e-Bug website

Social Media
166,000 YouTube views for the current year

Global Reach
Onboarded two new partners to join the existing network of partners across Europe and beyond

Training
Two e-learning courses hosted on FutureLearn

Newsletter
Quarterly newsletter distributed to 10,000 subscribers

Antibiotic Guardian engagement: pledges and newsletter

Antibiotic Guardian Pledges

195,796*

Antibiotic Guardian pledges on main pledge page from inception (2014) to end of 2025

73

Organisations registering AMS activity through Antibiotic Guardian in 2025

Pledges over time (Main pledge page)



*There are over 200,000 pledges including pledges made on the main and on international pages

Antibiotic Guardian Newsletter

5 editions
Oct 2024 - Nov 2025

23k-32k
Subscribers across five editions

31%-38%
Open rate across editions

2%-15%
Click rate across editions

42,543
Unique opens across five editions

SUBSCRIBE

32,392
Subscribers at launch edition (Oct 2024)

The Antibiotic Guardian newsletter is delivered in collaboration with the Microbiology Society.

Feedback on Antibiotic Guardian translations pages

In Nov 2025, Antibiotic Guardian pledges were translated to Urdu, Punjabi, Mandarin, Polish, and Romanian. User feedback were obtained





39
survey responses
21 Mandarin
9 Romanian
5 Urdu
4 Polish

17
members of the public

21
under the age of 25

74% (29 out of 39)
found the Antibiotic Guardian pledges were either very easy or somewhat easy to access

85% (33 out of 39)
found the Antibiotic Guardian pledges were clear and understandable in their chosen language

82% (32 out of 39)
found the Antibiotic Guardian website either very useful or useful in improving knowledge about antimicrobial use and antimicrobial resistance

59% (23 out of 39)
reported increased knowledge of antimicrobial resistance

Further feedback highlighted three themes for improvement:

Readability

Clarity

A-Z Terminology

National World AMR Awareness Week (WAAW) Toolkit 2025

Toolkit views (2025)

1,643

Social media posts (2025)

350

↑ vs 2024 (+53%)

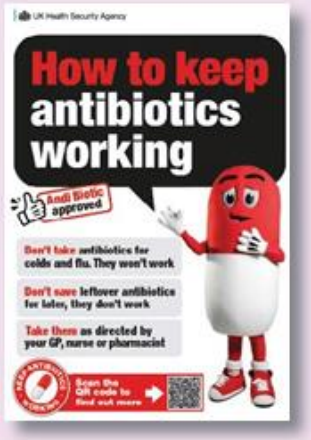
#Antibiotic Guardian
#KeepAntibioticsWorking

Unique page views

1322

New resources added to the WAAW Toolkit in 2025

1 UKHSA Keep Antibiotics Working (Andi Biotic)



2 Changes to WAAW daily themes and cross cutting themes

Day 1: Prevention

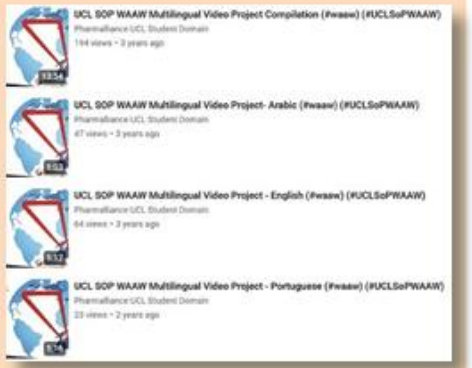
Day 2: Antimicrobials in clinical practice

Day 3: Optimising diagnostics

Day 4: Tackling health inequalities

Day 5: One Health and research

3 WAAW multilingual videos



4 Tools for Schools toolkit



5 Penicillin allergy de-labelling



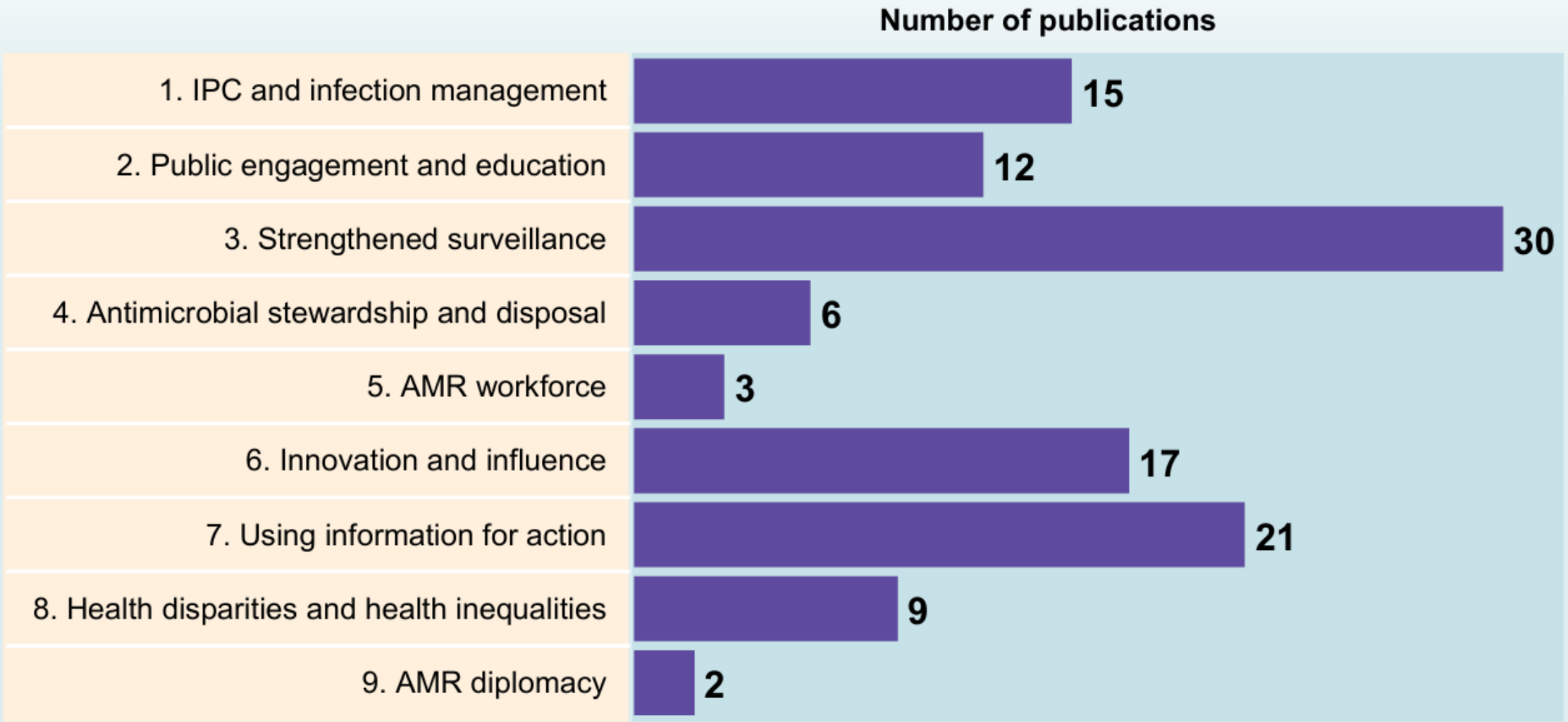
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Chapter 8: Research insights and knowledge mobilisation

Word cloud representation of keywords for the research projects showcased in 2025-2026 Research insights and knowledge mobilisation chapter



AMR peer-reviewed publications from April 2025 to March 2026, by National Action Plan (2024 to 2029) outcome



UK Health Security Agency

Chapter 9: ESPAUR oversight group members' activities and actions to tackle AMR – mapping to the National Action Plan

Examples of activities undertaken by ESPAUR Oversight Group members to support the UK National Action Plan for AMR 2024-29

Theme: Optimising the use of antimicrobials

Outcome: Antimicrobial stewardship and disposal

Commitment: 4.1; Clinical decision support, 4.2; Appropriate prescribing and disposal

Hosting discussions addressing antibiotic use and diagnostics in critical care on patient cases and lectures given by critical care infections experts.

Theme: Optimising the use of antimicrobials

Outcome: AMR workforce

Commitment: 5.1; Health and social care training

Conducting and reporting on engagement call's with Trusts in England to demonstrate good AMS practice and to highlight areas for improvement.



Theme: Investing in innovation, supply and access

Outcome: Using information for action

Commitment: 7.1; Evidence generation and use, 7.2; Research network

Collating and reporting data from a nationwide study on teicoplanin use in hospital practice (TUCK-SHOP), to primary and secondary care pharmacists to provide an update on the current antimicrobial stewardship agenda.

Theme: Optimising the use of antimicrobials

Outcome: AMR workforce

Commitment: 5.1; Health and social care training

Supporting colleagues in work related to the NAP. Signposting resources related to antimicrobial stewardship and World AMR Awareness Week and producing informational posts on AMS in a range of settings including primary care.

UK Health Security Agency

Chapter 10: Knowledge mobilisation of ESPAUR report evaluation of feedback from report users

Evaluation of ESPAUR report and Knowledge Mobilisation Activities

ESPAUR report chapter use and reasons for accessing the report

Participant demographics and engagement		Report year										
		2020/21		2021/22		2022/23		2023/24		2024/25		Total
		n	%	n	%	n	%	n	%	n	%	
Top 6 job roles	Pharmacist	**34**	**39.5**	**136**	**34.6**	**116**	**28.7**	**131**	**33.7**	**167**	**31.3**	584
	Doctor	8	9.3	52	13.2	42	10.4	41	10.5	85	16.0	228
	Nurse	11	12.8	47	12.0	78	19.3	25	6.4	35	6.6	196
	Public Health Professional	9	10.5	23	5.9	33	8.2	22	5.7	53	9.9	140
	Epidemiologist	4	4.7	28	7.1	29	7.2	18	4.6	21	3.9	100
	IPC specialist*	0	0.0	0	0.0	2	0.5	53	13.6	29	5.4	84
Top 3 most used chapters	AMR	23	46	**96**	**47**	**201**	**86**	**165**	**80**	**276**	**85**	761
	AMS	23	46	93	45	154	66	131	54	226	70	630
	AMC	**24**	**48**	84	41	150	64	110	45	182	56	550
Top reasons for accessing report	1st reason	Reading for information										602
		40	77	187	77	179	50	58	19	138	41	
	2nd reason	Share with others						Personal learning		Share with others		258
		10	19	41	17	69	19	31	10	107	32	
	3rd reason	Other				Inform policy		Share with others		Inform policy		163
		2	4	15	6	67	19	30	10	49	15	
Webinar	Webinar registrants	86		393		404		389		533		1,805

Numbers highlighted in yellow represent the highest value for the report year

ESPAUR report and lay summary views

		2020/21	2021/22	2022/23	2023/24	2024/25	Total
Report views	Main report	563	642	4,022	3,930	**6,316**	15,473
	Lay summary	NA	NA	37	200	**750**	987

Numbers highlighted in yellow represent the highest value for the report year

ESPAUR report knowledge mobilisation activities

Infection Control Matters Podcast

543 downloads since 14 January*

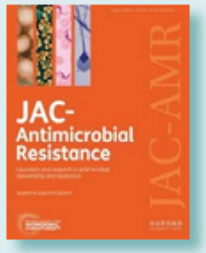


Abstracts

JAC-AMR abstracts: 518 views/downloads***

Medical Sciences Forum abstracts: 52,719 views, 8,688 downloads, 5 citations ****







Examples of other activities

- meetings
- annual ESPAUR webinars
- Secretary of State briefings
- conferences
- ESPAUR report Lay summary
- ESPAUR report Extended summary
- press releases
- Antibiotic Guardian website and newsletters
- regional data summaries
- UKHSA newsletters
- UKHSA Intranet
- UKHSA Health Protection Reports

Social media assets

3,263 engagements

13,280 reach**

40,631 impressions

LinkedIn

facebook

*Data correct as of 31 March 2026. **Facebook and Instagram only. ***Data correct as of 4 June 2026. **** Data correct as of 09 October 2026

ESPAUR Report Knowledge Mobilisation 2 of 2. See 1 of 2 for KtA framework

Knowledge mobilisation of the ESPAUR report using the Knowledge-to-Action Framework

Who is the audience?

- general public
- patients
- pharmacists
- prescribers
- vets
- dental subgroups
- NHS AMR diagnostic team
- RCGP
- national public health teams
- NHSE
- regional AMS leads
- CQC
- DHSC
- VMD
- CGDent
- many other government and national bodies and organisations

Why have you undertaken this work?

Why are these findings important?

- understand **gaps/health inequalities** that need to be addressed (deprivation, specific groups)
- to ensure we are on track to meet the **UK NAP targets**
- ensure awareness of and encourage use of stewardship initiatives

What are the main messages?

What does the report present?

Burden of **AMR** in England

- **antibiotic consumption** in GPs, community settings and secondary care
- inequalities in AMR and AMC
- **antimicrobial stewardship** interventions
- **professional** and **public education** and **training**

How will you get the message(s) across to this audience? (KM activities)

- press releases since 2013
- infographics yearly since 2018
- webinar – yearly since 2021
- yearly after-action reviews with chapter leads
- co-production and Stakeholder chapter
- leaflets, posters, digital messaging service, social media
- peer review of abstracts
  - MDPI Medical Sciences Forum Volume 15 Issue 1.
  - JAC-AMR Volume 8, Issue Supplement_2, January 2026
- podcast (2022 and 2025)
- social media #ESPAUR