

## Bath / Shower Emollients in Eczema - Review of Prescribing

### Applies to

HaRD CCG employed Pharmacists and Medicines Optimisation Technicians.

*These protocols are produced by the NY&AWC MM team hosted by HaRD CCG for use by their employed MM team members. They can be adopted for use by other healthcare staff working in GP practices across NY&AWC CCGs but HaRD CCG accepts no responsibility for the use and application of these protocols in these situations. External staff working to these protocols must agree with their own employer whether they are competent and able to work to these protocols.*

### Rationale

In May 2018, The British Medical Journal (BMJ) published the results of the BATHE<sup>1</sup> trial which was a study into the clinical effectiveness of emollient bath additives in the management of eczema in children. The result of the trial provides strong evidence that emollient bath additives provide minimal or no additional benefit beyond standard eczema care in the management of eczema in children.

The trial results have been discussed by local Dermatologists and they have all agreed that emollient bath additives and emollient shower products should no longer be prescribed in both children and adults with eczema.

It is recommended that all existing patients should be reviewed with a view to stopping emollient bath additives and emollient shower products where prescribed for eczema.

**Important:** Ensure that adequate supplies of leave-on emollients are prescribed to eczema patients and that they understand the importance of regular use of these products. (NICE CG57)<sup>2</sup>

### Method

1. Staff working to the protocol should be familiar with the current BNF advice and the Summary of Product Characteristics for medicines included in the protocol.
2. Check the practice has agreed to the protocol and a signed copy is in place.
3. Check for any extra exclusions or amendments to the protocol made by the practice.
4. Rearrange practice formulary/add "do not use" codes where used to prevent future inadvertent prescribing. Check prescribing support software prompts are in place where relevant.
5. Notify local pharmacies/dispensary of work being undertaken and inform any relevant practice staff e.g. dispensary staff.
6. Run a computer search to identify patients who are currently receiving prescriptions for emollient bath additives and shower products.
7. Use the data collection form (appendix 1) and the medical records to record the following:
  - Patient identifier

- Current prescription (generic or brand)
  - Average annual quantity prescribed (to calculate saving)
  - Exclusions
  - Patient referred to prescriber?
8. Identify patients to exclude, those considered suitable to 'stop now' and those needing special consideration by prescriber.
  9. If a patient is excluded, add a consultation note listing reasons why they are unsuitable.
  10. For those patients suitable to stop, remove the product from the repeat prescription including the reason why the repeat was stopped e.g., "No longer recommended for eczema".
  11. Send a letter to the patient advising them of the change. Liaise with practice staff to organise mail merge of letters and posting. At the end of the session, for all those changes that have been completed, a letter must be ready to send to the patient for information.
  12. Inform relevant practice staff.
  13. Use an activity log to review all changes made and to measure the effectiveness of the switch. Estimate cost savings made and present results back to the practice and organisation
  14. Continue to monitor the long term outcomes of the switch e.g. cost savings via PPD data, complaints, problems encountered etc.

#### Exclusions - do not remove

1. Patients prescribed bath or shower emollients in line with the following guidelines from Harrogate and Rural District Foundation Trust where emollient bath additives are prescribed as a skin cleanser instead of soap and water:
  - Wound Dressing Guideline<sup>3</sup>
  - Incontinence Associated Dermatitis Management Pathway<sup>4</sup>
  - Older Person skin Care Pathway<sup>5</sup>

**Please note: Zerolatum** is the recommended bath emollient in all of these guidelines / pathways.

2. Patients prescribed bath / shower emollients for any other reason than childhood eczema, atopic eczema or atopic dermatitis.

#### To flag up for special consideration by prescriber – approval required via electronic task

1. Any patient that you are concerned may be unsuitable to stop prescribing, or other prescribing issue that you are concerned about.
2. Any patients not already prescribed a leave-on emollient.

#### Points to discuss with practice

1. Who is the contact in the practice for the project?

2. Seek agreement from practice as to whether palliative care patients can be stopped. Patients considered to be in the last few weeks of life would not normally be recommended to remove.
3. Agree content of patient letter – a possible form of words is attached below
4. Any practice additions, deletions or amendments to the protocol.

## References

1. BATHE study <https://www.bmj.com/content/361/bmj.k1332>
2. NICE Clinical Guideline 57 <https://www.nice.org.uk/guidance/cg57>
3. HDFT Wound Dressing Guideline <http://www.harrogateandruraldistrictccg.nhs.uk/data/uploads/medicines-management/hdft-wound-dressing-guideline-2018-v2.1.pdf>
4. HDFT Incontinence Associated Dermatitis Pathway  
<http://www.harrogateformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=13&SubSectionRef=13&SubSectionID=A100>
5. HDFT Older Person Skin Care Pathway  
<http://www.harrogateformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=13&SubSectionRef=13&SubSectionID=A100>

(Links last accessed August 2018)

## Agreement to protocol

Please detail any amendments to the protocol here/or attach a copy of agreed changes:

Signature of practice prescribing lead/ manager	
Practice name	
Date	
Signed on behalf of NYAWC MMT	

Please note that the practice representative signing this protocol agrees that:

- **The practice will take responsibility for the notification of all relevant practice staff.**
- **The practice has made patients aware that their records are accessed by medicines optimisation team staff for these purposes e.g.: via practice leaflet, website or other communication and that the practice has applied appropriate restriction to the records of patients who have withdrawn consent.**

**Possible letter**

**Note:** Letter to be addressed to Patient or Parent/Guardian of patient

Dear ~[Title/Initial/Surname]

**Your repeat prescription for** [insert name of drug]

The practice has been reviewing its prescribing of [insert name of drug]. A recent study has shown, and local dermatology consultants agree, that there is little or no benefit from using emollient bath additives and shower products in the treatment of eczema. Because of the lack of benefit we will not continue to prescribe [insert name of drug] and we have therefore removed this medication from your repeat prescription.

The National Institute for Health and Care Excellence (NICE) recommends that you continue to liberally apply the leave-on emollient [insert name of emollient/s] that you are currently prescribed to relieve your symptoms.

If you have any queries regarding this letter please contact [insert name of contact, practice] and or [insert email of local CCG patient relations team]

**All medicines should be safely stored out of the reach of children.**

Yours sincerely

~ [Usual prescriber/Registered prescriber/GP Prescribing Lead/Other]

**Agreement to letter**

Please detail any amendments to the letter here/or attach a copy of agreed changes:

Signature of practice prescribing lead/ manager	
Practice name	
Date	
Signed on behalf of NYAWC MMT	



**Document version control**

Version	State changes	New version	Actioned by

**Protocol approval details**

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