Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Commissioning Policy: Prescribing Bath and Shower preparations in Primary Care

Author(s) (name and post):	Claire Hand, Lead Medicines Optimisation Pharmacy Technician
Version No.:	2.0
Approval Date:	28/02/2022
Review Date:	<<dd/mm/yy>>

Document Control Sheet

Title:	Commissioning Policy: Prescribing Bath and Shower preparations in Primary Care		
Electronic File Name:	\\10.201.56.151\Shared\New SCCG Medicines Management\Policies, Procedures & Guidelines\Policies		
Placement in Organisational Structure:	Quality, Medicines Management, Drugs of Limited Clinical Value		
Consultation with stakeholders:	Specialist Dermatologists, Shrewsbury and Telford NHS Trust Specialist Dermatologists, St Michaels Skin Clinic		
Equality Impact Assessment:	National NHSE Policy (items-which-should-not-routinely-be-prescribed-in-primary-care-v2.)		
Approval Level:	Strategic Commissioning Committee		
Dissemination Date:	Jan 2020	**Implementation Date:**	Jan 2020
Method of Dissemination:	Website, Email, TeamNet		

Document Amendment History

Version No.	Date	Brief Description
2.0	16th Feb 2022	Updated to new joint CCG organisation template

The formally approved version of this document is that held on the NHS Shropshire, Telford and Wrekin website: www.shropshiretelfordandwrekin.nhs.uk
Printed copies or those saved electronically must be checked to ensure they match the current online version.

Contents

1. Introduction

NHSE issued guidance ‘Items which should not be routinely prescribed in primary care’ in November 2017, with an update and additional items added in June 2019.

The guidance made recommendations on 25 items which should not be prescribed.

Items considered for inclusion were;

- Items of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns;
- Items which are clinically effective but where more cost-effective products are available, including products that have been subject to excessive price inflation;
- Items which are clinically effective but due to the nature of the product, are deemed a low priority for NHS funding.

One of the items listed in the guidance was ‘Bath and shower preparations for dry and pruritic skin conditions’

No routine exceptions were identified in the guidance.

Background Information

Emollients are applied in one of three ways:

1) leave-on, where emollients are directly applied to the skin;

2) Soap substitutes, where emollients are used instead of soap or other wash products; and

3) Bath additives, comprising of oil or emulsifiers, or both designed to be added to bath water and thought to leave a film of oil over the skin.[2]

Emollient bath additives should be added to bath water; hydration can be improved by soaking in the bath for 10–20 minutes. Some bath emollients can be applied to wet skin undiluted and rinsed off.[3]

2. Evidence of low clinical effectiveness

The BATHE trial was conducted in 2018 as a multicentre pragmatic parallel group randomised controlled trial of clinical and cost effectiveness. It included 483 children with atopic dermatitis and randomised one group of children to use pour in bath additives for 12 months and the other group were asked to use no bath additives for 12 months. Both groups continued with standard eczema management, including soap avoidance and leave-on emollients.

This trial found no evidence of clinical benefit from including pour in emollient bath additives in the standard management of childhood eczema.

It is recognised that BATHE trial looked at use in children however, in the absence of other good quality evidence it was agreed that it is acceptable to extrapolate this to apply to adults until good quality evidence emerges.[1]

There is currently insufficient evidence of clinical effectiveness to support the use of bath or shower emollient preparations.

The effectiveness of adding antiseptic agents to bath emollients has also not been demonstrated. Two small randomised studies compared using a bath emollient with using a bath emollient plus an antiseptic, but there were no significant differences between groups, including colony counts of Staphylococcus aureus.

Preparations containing an antibacterial should be avoided unless infection is present or is a frequent complication. They should only be used short term and repeat prescribing avoided.[4]

3. Safety considerations

Skin sensitivity - Some of the excipients in emollient preparations, including bath preparations, are themselves potential skin sensitisers and can cause worsening of symptoms.[4]

Risk of fire - Dressings, clothing and bedding that have been in contact with an emollient can become contaminated with the emollient leading them to ignite rapidly, so patients should keep away from fire, flames and cigarettes when using all types of emollients (both paraffin-based and paraffin-free).[4]

Risk of falls - Specifically related to bath and shower emollient preparations, there are some concerns that they can increase the risk of slipping due to the oil film on the skin and the oil film in the bath or shower.[5]

4. Purpose

The purpose of this policy is to support NHS Shropshire, Telford and Wrekin (NHSSTW) in implementing the NHSE guidance on low priority prescribing ‘Items which should not routinely be prescribed in primary care’.

It provides clear criteria for the prescribing of bath and shower preparations in primary care.

5. Recommendations

There is no data to suggest that emollient bath or shower preparations provide any clinical benefit and NHSE guidance recommends that they are no longer routinely prescribed in primary care.

- Prescribers in primary care should not initiate bath and shower preparations for any new patient.
- Prescribers in primary care should deprescribe bath and shower preparations in this category and substitute with "leave-on" emollients.

6. Related Documents

The following documents contain information that relates to this policy:

- Standard Operating Procedure for deprescribing bath and shower preparations and substituting with leave-on emollients

7. Advice

Claire Hand
Lead Medicines Optimisation Pharmacy Technician
NHS Shropshire, Telford and Wrekin
Tel: 07721 235522
Email: claire.hand1@nhs.net

8. References

[1] Items which should not routinely be prescribed in primary care: Guidance for CCGs, June 2019 https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf

[2] Specialist Pharmacy Service, Clinical evidence for emollient bath and shower preparations, March 2019 https://www.england.nhs.uk/wp-content/uploads/2017/11/annex-b-sps-evidence-review-bath-emollients.pdf

[3] Medicines Complete, British National Formulary, Emollient and barrier preparations, Dec 2019 https://www.medicinescomplete.com/#/content/bnf/_583641220?hspl=bath&hspl=and&hspl=shower&hspl=preparations

[4] PrescQIPP, Prescribing of bath and shower preparations for dry and pruritic skin conditions, September 2019 https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f4240%2fb244-bath-and-shower-emollients-20.pdf

[5] NHS Website, Emollients, Aug 2017 https://www.nhs.uk/conditions/emollients