

Submitted to Items which should not routinely be prescribed in primary care: an update and a consultation on further guidance for CCGs Submitted on 2019-02-25 11:37:02

Name:

British Dermatological Nursing Group

Equality and Health Inequalities

Do you feel there are any groups, protected by the Equality Act 2010, likely to be disproportionately affected by this work?

Yes

Do you feel there any groups, protected by the Equality Act 2010, likely to be disproportionately affected by this work?

Age, Disability

Please provide further information on why you think this might be the case. :

The group I represent is particularly concerned with patients with dermatological conditions. The proposed restrictions on prescribing bath emollients will disproportionately affect those with atopic eczema, the vast majority of these people being under the age of 10. Those with disabilities that restrict flexibility will also be disproportionately affected as they need bath emollients as an easy way of getting some emollients to their skin e.g. bath oils and emollient sprays

Do you feel there is any further evidence we should consider in our proposals on the potential impact on health inequalities experience by certain groups e.g. people on low incomes; people from black and minority ethnic (BME) communities?

Yes

Please provide further information on why you think this might be the case:

For those on low incomes buying emollient products over the counter is expensive which may mean that children from low income families do not receive bath emollients. Whilst the evidence may not be particularly strong for their use, the researchers who have carried out critical research in this area state that the use of bath emollients is important within the context of total emollient therapy. We have strong evidence to suggest that emollients are a critical part of a treatment regime for atopic eczema and restricting prescribing in this field will result in lost opportunities for effective management. As a group representing nurses who look after this group of patients on a day to day basis we recognise that it is crucial for these patients to have access to choice about their emollient treatment.

Products that go on the skin affect every facet of life how an individual feels about the product on their skin will affect how they use it. We strongly urge the widest possible selection of products for both washing with and as leave on.

How do you feel about the proposed process for identification of items for possible addition to the guidance or indeed possible removal, from the guidance?

Unsure

If needed, please provide further information:

It is not clear what is meant by strong clinician/patient feedback. It is also critical that there is transparency over how research is interpreted

Proposals for updated CCG commissioning guidance

Commissioning Guidance

Do you want to provide views on the proposals for CCG commissioning guidance?

Bath and shower preparations for dry and pruritic skin conditions

Advise CCGs that prescribers in primary care should not initiate bath and shower preparations for any new patient.

Disagree

Advise CCGs to support prescribers in deprescribing bath and shower preparations in this category and substitute with "leave-on" emollients and, where appropriate, to ensure the availability of relevant services to facilitate this change.

Disagree

If needed, please provide further information:

Patients should be given the widest possible choice for both wash emollients and leave on products. Whilst in some cases leave on products can also be used as wash products, this is by no means the rule. As children are disproportionately affected by atopic eczema which is both dry and pruritic they will be badly affected by this suggested change in prescribing. Optimising emollient therapy is the corner stone of treatments for dry skin conditions like eczema and generalised pruritus in the elderly. Getting emollient therapy correct reduces the need for other more expensive treatments such as topical steroids and calcineurin inhibitors. They improve quality of life and reduce the need for repeated visits to a primary care clinician. By reducing disease severity use of secondary care services can also be reduced. The BDNG strongly urges that there is maximum flexibility allowed for prescribing of all emollients.

If you would you like to provide views on any other medication, please select from the list below:

Minocycline for acne

Advise CCGs that prescribers in primary care should not initiate minocycline for any new patient.

Agree

Advise CCGs to support prescribers in deprescribing minocycline in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.

Agree

If you would you like to provide views on any other medication, please select from the list below:

Silk garments

Advise CCGs that prescribers in primary care should not initiate silk garments for any new patient.

Neither agree or disagree

Advise CCGs to support prescribers in deprescribing silk garments in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.

Neither agree or disagree

If needed, please provide further information:

As the evidence for the use of these garments is sparse and not that widely used, there is less contention here. However, as they may be useful in certain limited situations we believe that specialist services within primary care should still be able to initiate these e.g. GPwER services