

18<sup>th</sup> December 2020

Dear BAD/DCE

We have been working together on clarifying the commissioning guidance on [‘Conditions for which over the counter items should not be routinely prescribed in primary care’](#) and [‘Items which should not be routinely prescribed in primary care’](#) relevant to emollients and bath and shower preparations.

We had discussed issuing a letter to clinical commissioning groups to further clarify the spirit of the guidance with respect to emollients, bath and shower preparations. Due to COVID-19 pressures and prioritisation, we have been advised that a letter cannot be issued at this time. However, in the interim, we want to clarify the policy intent to allow you to share this through your networks.

### **Emollients**

For mild dry skin, the [guidance](#) advises CCGs that:

- a prescription for treatment of dry skin should not routinely be offered in primary care as the condition is appropriate for self-care.

The guidance recognises that emollients are often used to help manage dry, itchy or scaly skin conditions. Patients with mild dry skin can be successfully managed using over the counter products on a long-term basis. However, in addition to this we suggest three scenarios where patients should continue to have their emollient treatments prescribed:

- patients who have been formally diagnosed with a long term, chronic condition such as eczema, dermatitis or psoriasis;
- patients who have been formally diagnosed with rare conditions, such as ichthyosis;
- patients who need emollients to compliment another treatment, such as phototherapy.

Patients who fall into these categories should continue to be prescribed emollients if clinically appropriate. Emollients should be prescribed in sufficient quantities as outlined in the [NICE clinical guidance](#) for eczema treatments, which take account of patient preference.

### **Bath and shower preparations**

The [guidance](#) recommendation for bath and shower preparations is that:

- prescribers in primary care should not initiate bath and shower preparations for any new patient; and
- they should 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.

While there are no exceptions for prescribing bath and shower preparations on a routine or regular basis, there may be genuine clinical circumstances when it is appropriate to prescribe. These include where the prescribing clinician considers no other medicine or intervention to be clinically appropriate and available for the individual. The guidance does not inhibit the clinical discretion of the prescriber in accordance with their professional duties.

If you require any further support or advice specifically in relation to emollients and bath and shower preparations please contact [england.medicines@nhs.net](mailto:england.medicines@nhs.net)

Yours sincerely

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