

Template e-mail to send to MPs:

An e-mail or letter does not need to be extensive or long. It should succinctly outline your grievances and the steps you would like the MP to take.

Below is a template with information that you could use as a basis for writing your e-mail.

Template information to add to your email

Dear *[Insert the MP's name]*

As my local MP, I wanted to raise to your attention an issue that is deeply affecting my health.

Introduction:

- *[Delete as applicable]* I am currently unable to obtain a leave-on emollient on prescription/I am not being prescribed a leave-on emollient in sufficient quantities/my preferred leave-on emollient has been changed unexpectedly to a cheaper and less effective brand for my *[severe]* eczema.
- This is because my local GP *[insert location]* says he/she cannot prescribe/is restricting prescription of the treatment on the grounds of *[insert all reasons, e.g. cost/cost-saving, advice or pressure from Clinical Commissioning Groups]*

Health effects:

- Without proper treatment/sufficient quantity of treatment/the correct treatment, I have *[extensively outline all health outcomes, e.g. severely dry and itchy skin, painful skin, constant discomfort, lack of sleep]*
- *[If applicable]* Eczema is also linked to *[insert e.g. stress, anxiety and suicidality]*, which I experience and which is being exacerbated by not having adequate treatment.
- The condition is miserable to live with, but too often I feel like my needs are not being listened to or met by the NHS.
- *[Please add any personal experience or any other relevant information about why this is important to you]*

If applicable, self-medicating information

- My GP has instructed me that leave-on emollients are available over-the-counter; however, I am unable/struggle to afford these expensive treatments, which cost *[insert figure]* every *[insert duration of time]*.
- I am having to self-medicate on the ineffective therapies that I can afford. These sub-optimal treatments are less effective than the treatments recommended for my condition by the expert agencies setting national clinical guidelines, including NICE and the British Association of Dermatologists (BAD).

Argument for getting treatment

- I have been informed that Clinical Commissioning Groups (CCGs) have been instructed to reduce the spend on over-the-counter medicines, and emollients for mild dry skin and mild irritant dermatitis fall within this category. However, my condition is a chronic condition, and therefore clinical guidelines and the advice given to CCGs by NHS England dictate that I should have available on prescription sufficient quantities of a leave-on emollient that is acceptable to my skin.

- In fact, I am advised that all guidelines and guidance, including the 2017 NHSE guidance to CCGs on items which should not be routinely prescribed in primary care, recommend the treatment of leave-on emollients for my chronic *[and severe]* eczema.
- I am at a loss to understand why the advice of leading clinicians in the field of dermatology is being ignored by local commissioners.
- Cost explanations are particularly short-sighted since without appropriate treatment my skin is getting worse. I am told that this might ultimately lead to my needing more expensive treatment for my eczema than the original emollient that I have been denied.

Other possible messages, if applicable:

- My emollient prescriptions are rationed. I require plenty of emollients to keep my skin protected and restore the skin barrier; however, I can only get *[insert amount]* every *[insert time frame]* on prescription. This is resulting in *[insert description of worsening health outcomes]*. It is recommended that an adult should use at least 500g of emollient per week when the eczema affects a large area of the body (at least 250g for a child).
- I am upset that I was not properly consulted when my treatment was switched to a new 'cheaper' product *[if applicable]*. It is imperative that patients are fully consulted.
- Not all emollients are the same; they contain lots of additives that can cause further health issues if the correct one is not prescribed, therefore patient choice is vital. An incorrect prescription can cause a cascading inflammatory process *[discuss experiences if applicable]*
- Emollients are not just moisturisers, but effective and highly necessary medicines that are supported by a body of research.
- I appreciate the need for the NHS to achieve value for money; however, value for money does not always mean the cheapest option. Providing patient access to early and clinically effective treatments can reduce the burden put on the NHS by the patient in subsequent years.
- I believe that my local CCG has misinterpreted the 2017 advice from NHSE on 'Items which should not be routinely prescribed in primary care: Guidance for CCGs' as a total blanket ban on emollients.
- I am aware that my treatment is freely available to patients in other areas of the country. I think this postcode lottery of access is deeply unfair and is not in keeping with the NHS' mandate of care.
- I believe the Government needs to address how guidelines and guidances are variably interpreted and implemented. We need a standardised approach to reduce the variation of care and health inequalities.

MP actions

- I would greatly appreciate it if you could raise the issues I have outlined to representatives of my local CCG and keep me informed of the outcome.
- Since this is a broad issue facing a number of patients, I would also welcome your involvement within Parliament on the issue. I am aware that the All Party Parliamentary Group on Skin is seeking to get broad parliamentary support around the lack of access to dermatology treatments. If you could send a couple of written parliamentary questions to the Department of Health and Social Care on this, it would greatly help the cause.

Thank you in anticipation of your help.

Yours sincerely,