

## Commissioning Statement for PRESCRIBING OF BATH OIL AND SHOWER PREPARATIONS IN PRIMARY CARE

Publication Date: July 2023

**Prescribing of Bath Oil and Shower Preparations on FP10 prescriptions in Primary Care within Norfolk and Waveney ICS is recommended as**

**BLACK : NOT COMMISSIONED. NO NHS PRESCRIBING IN NORFOLK AND WAVENEY ICS**

### Background

**Norfolk and Waveney ICB do not support the prescribing of Bath Oil and Shower Preparations on FP10 prescriptions in Primary Care.**

#### Evidence of low clinical effectiveness<sup>1</sup>

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.<sup>1</sup> 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<sup>1,4</sup>.

This position is supported by NHS England as part of conditions for which over the counter items should not routinely be prescribed in primary care<sup>2</sup>.

### 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 de prescribe bath and shower preparations in this category
- Substitute bath and shower preparations with "leave-on" emollients.
- Patients can be signposted to purchase bath and shower products which are readily available from pharmacies, supermarkets, and online retailers.
- Anti-bacterial washing preparations (e.g. DermoI®) should be restricted to short-term use only for when skin is infected. They should not be added as repeat medications.

Details of locally agreed formulaery emollients can be found in [Netformulary](#)

## Patient Considerations

Emollients are applied in one of three ways <sup>1,3</sup>

- 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.

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.

## Prescribing information

Providers commissioned to provide services on behalf of Norfolk and Waveney ICB are reminded that they are required to follow the local joint formulary and prescribing guidance, as detailed in the medicines management service specification of their contract.

## Monitoring of Prescribing

Data on the use of these treatments will be supplied monthly as part of your data pack. If you have any queries, please email [nwicb.medsqueries@nhs.net](mailto:nwicb.medsqueries@nhs.net) with 'service restriction policy' in the subject line.

## References

1. 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>
2. 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>
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.prescqip.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f4240%2fb244-bath-and-shower-emollients-20.pdf>

\*Adapted from Commissioning Policy: Prescribing Bath and Shower preparations in Primary Care - NHS Shropshire, Telford and Wrekin CCG 2022

<b>Title</b>	Commissioning Statement for Bath Oil and Shower Preparation Prescribing in Norfolk and Waveney ICS
<b>Description of policy</b>	<i>To inform healthcare professionals</i>
<b>Scope</b>	<i>Norfolk and Waveney Integrated Care System</i>
<b>Prepared by</b>	Norfolk and Waveney ICB Medicines Optimisation Team
<b>Impact Assessment</b> (Equalities and Environmental)	<i>Please indicate impact assessment outcome: Positive impact Adverse impact - low - action plan completed as per guidance Adverse impact - medium - action plan completed as per guidance Adverse impact - high - action plan completed as per guidance No impact <b>No policy will be approved without a completed equality impact assessment</b></i>
<b>Other relevant approved documents</b>	Items which should not routinely be prescribed in primary care: Guidance for CCGs, June 2019 <a href="https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf">https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf</a>
<b>Evidence base / Legislation</b>	Level of Evidence: <i>A. based on national research-based evidence and is considered best evidence <b>B. mix of national and local consensus</b> C. based on local good practice and consensus in the absence of national research based information.</i>
<b>Dissemination</b>	Is there any reason why any part of this document should not be available on the public web site? <input type="checkbox"/> Yes / No <input checked="" type="checkbox"/>
<b>Approved by</b>	<i>Norfolk &amp; Waveney Therapeutics Advisory Group (TAG) (Date)</i>
<b>Authorised by</b>	<i>Norfolk &amp; Waveney Drug Integrated Care Board on behalf of the ICS (Date)</i>
<b>Review date and by whom</b>	Medicines Optimisation Team

<b>Date of issue</b>	Oct 2023
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Version Number	Author	Purpose / Change	Date
0.1	MO Team	To support prescribing in primary care	Oct 2023