

**Joint clinical working group on items which should not routinely be prescribed in primary care**  
**NHS England**  
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Dear NHSE

**Items which should not routinely be prescribed in primary care: an update and a consultation on further guidance for CCGs**

**5.3 Bath and shower preparations for dry and pruritic skin conditions**

We welcome a national co-ordinated approach to prescribing and support for local decision-making. However, as authors of the BATHE trial<sup>1</sup> referred to in section 5.3, we strongly object to the implication that we have provided evidence to stop prescribing of all bath and shower products.

The BATHE trial found that pouring emollient additives into the bath provided no additional benefit over standard eczema care. Standard care in the BATHE trial included advice to use leave-on emollient as a soap substitute in order to standardise washing. The trial did not compare the effectiveness of different regimens of soap substitution. The trial publication concluded that more research is needed into optimal regimens for soap substitutes. This appears in the Abstract as well as the Discussion section of the paper.

There is no robust evidence that leave-on emollients are a more beneficial wash product than emollient soap substitutes. As there is no evidence in this area, we believe that prescribers should continue to offer patients with eczema a choice of emollient products as soap substitutes. **To be clear, we support initiatives to reduce the prescribing of emollient bath additives poured directly into the bath water, but not a reduction in the ability of patients to obtain appropriate prescriptions for soap substitutes.**

Yours sincerely



Dr Miriam Santer

On behalf of the BATHE investigators (Bath Additives in the Treatment of childhood Eczema)

1. Santer M, Ridd MJ, Francis NA, Stuart B, Rumsby K, Chorozioglou M, Becque T, Roberts A, Liddiard L, Nollett C, Hooper J. Emollient bath additives for the treatment of childhood eczema (BATHE): multicentre pragmatic parallel group randomised controlled trial of clinical and cost effectiveness. *BMJ* 2018 May 3;361:k1332.

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