



# Resource impact statement

Resource impact

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The [NICE guideline on eczema in under 12s](#) updates and replaces the former version published in 2007 (last updated March 2021).

We expect that the resource impact of this update:

- for any single guideline recommendation in England will be less than £1 million per year (or approximately £1,800 per 100,000 population, based on a population for England of 56.6 million people) **and**
- for implementing the whole guideline in England will be less than £5 million per year (or approximately £8,800 per 100,000 population, based on a population for England of 56.6 million people).

The revised recommendation 1.5.1.11 'Do not offer emollient bath additives to children with atopic eczema' reflects current evidence and is expected to further reduce the prescribing of emollient bath additives. The prescribing of emollient bath additives has declined since 2019 as a result of evidence from the [BATHE trial](#), which informed [NHS England guidance](#) on their use. However, there is still some prescribing, so a reduction would result in savings for the NHS.

A local resource impact template has not been produced for this topic because of challenges in estimating current use of emollient bath additives, which has wide geographical variation.

Eczema affects approximately 1 in 5 babies and children in the UK ([Eczema Care Online 2021](#)). This is around 1.8 million children under 12 in England. The economic assessment for the guidance found the difference in annual prescription costs to the NHS (pharmacy charge to NHS/GPs) of including an emollient bath additive in the management of eczema is, on average, £14 more per child per year than costs excluding an emollient bath additive. This would equate to a potential saving of £140,000 per 10,000 children currently prescribed emollient bath additives.

Commissioners and providers should assess current levels of prescribing in their area in order to assess potential savings from not offering emollient bath additives.

Eczema services are commissioned by integrated care boards. Providers are NHS primary care providers such as GPs and community pharmacies.