NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Equality and health inequalities assessment (EHIA)

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NICE guidelines

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Atopic eczema in under 12s (NICE CG57)

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in the Promoting Equality, Reducing Health Inequalities guidance support document.

This EHIA relates to:

Atopic eczema in under 12s (NICE CG57) – Emollient bath additives for the management of eczema

STAGE 2. Informing the scope

(to be completed by the Developer, and submitted with the draft scope for consultation, if this is applicable)

For short updates where there is no scoping workshop or scope consultation, questions relating to these in stage 2 can be noted 'not applicable'.

2.1 What approaches have been used to identify potential equality and health inequalities issues during the check for an update or during development of the draft scope?
An equalities impact assessment was not carried out for the Atopic eczema in under 12s guideline (NICE CG57, 2007). This document has been compiled using the views of the topic experts detailed in the 2019 exceptional surveillance review decision. No equalities issues were identified during the surveillance process in terms of protected characteristics. However, the surveillance process highlighted issues related to geographical variation in prescription of bath emollients, which are now being limited in some areas in response to the BATHE trial. No scoping workshop was carried out. Potential equality and health inequality issues were discussed with the guideline committee during the scope/ protocol meeting.

2.2 What potential equality and health inequalities issues have been identified during the check for an update or during development of the draft scope?

1) Protected characteristics
    a. Age
    The committee noted that younger children may need advocacy support from their parent/ carer as they are less likely to speak and describe symptoms at consultation.

    b. Disability
    Children with a learning disability or autism may need specific consideration as they may have a lower tolerance to treatments.
    c. Gender reassignment
    Not applicable to this guideline update.

    d. Pregnancy and maternity
    Not applicable to this guideline update.

    e. Race
    Asian, Black Caribbean and Black African children may present with atopic eczema differently. It can cause skin darkening as opposed to skin reddening (erythema) and can affect the extensor surfaces rather than the flexures. Discoid (circular) or follicular (around hair follicles) patterns of eczema may be more common. Eczema severity may also be more difficult to assess.

    f. Religion or belief
    No issues identified.
    g. Sex
    An increased incidence in male infants younger than 2 has been observed and in female children thereafter. In children, the incidence of eczema is highest in male infants, with a peak incidence of 17.4 per 100 person-years in infants younger than one year. From age 2 onwards, the incidence is higher in females than males and falls progressively up to the age of seven for both sexes, after which incidence plateaus up to age 18.

    h. Sexual orientation
    Not applicable to this guideline update.

    i. Marriage/ civil partnership
    Not applicable to this guideline update.

2) Socioeconomic status and deprivation
    Socioeconomic factors impact the severity of inflammatory skin conditions such as atopic eczema. Low-income households, a lower level of paternal or

maternal education and poorer quality housing are consistently linked to an increase in the severity of atopic eczema. Furthermore, in people with childhood-onset atopic eczema, education levels are inversely associated with the severity of eczema. The most deprived in society tend to face the more severe disease.

Conversely, findings from the UK Millennium cohort study suggests that eczema was more common in more advantaged children. This was explained partially by early-life factors including maternal atopy, not smoking during pregnancy, breastfeeding and having fewer siblings. Children of mothers with degree-level qualifications vs. no educational qualifications were more likely to have eczema. The reasons for the reverse social gradient are unclear. Higher prevalence rates of allergies in more privileged social groups have been considered consistent with the hygiene hypothesis, and understanding this phenomenon may provide broader insights into the aetiology of eczema.

The committee acknowledged these contradictory findings and noted that this highlights the complexity of the condition. They noted that the incidence of eczema can be higher in more advantaged children however their eczema tends to be milder. Whereas children from a lower socioeconomic status or deprived background may have more severe eczema. The committee recognised that equity in access to healthcare and management of eczema is key for this group.

3) Geographical area variation

A higher incidence of ectopic eczema in children has been suggested in urban compared to rural areas and has been linked to differences in air pollution and heavy road traffic. Furthermore, the surveillance process highlighted issues related to geographical variation in prescription of bath emollients, which are now being limited in some areas in response to the BATHE trial.
The committee also noted that there may be geographical variation in eczema severity due to the hardness of the local water supply. Exposure to hard water could worsen symptoms of atopic dermatitis and may increase of the risk of eczema in young children.

4) Inclusion health and vulnerable groups

No issues identified.

2.3	How can the identified equality and health inequalities issues be further explored and considered at this stage of the development process?
	Specific recommendations or research recommendations may need to be made to address the issue in section 2.2. These could include: Referring to NICE's information on making decisions about care • Different formats and delivery of material (for example, leaflets and written information which can include easy read format and braille) We will refer to the Accessible Information Standard which aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services.
2.4	Do you have representation from stakeholder groups that can help to explore equality and health inequalities issues during the consultation process including groups who are known to be affected by these issues? If not, what plans are in place to address gaps in the stakeholder list?
Not applicable as there will not be a draft scope consultation.	
2.5	How will the views and experiences of those affected by equality and health inequalities issues be meaningfully included in the guideline development process going forward?
The committee suggested that the guideline development team engage with Eczema Outreach Support https://eos.org.uk/, a charity to support children and young people with eczema. One committee member also noted that the National Eczema Society should be included. This will allow the views of those with this condition to feed into the guideline update. The groups identified are registered stakeholders for this guideline update. We will seek their engagement at draft guideline consultation.	

2.6 If applicable, what questions will you ask at the draft scope stakeholder consultation about the guideline/update and potential impact on equality and health inequalities?
Not applicable as there will not be a draft scope consultation.

2.7 Has it been proposed to exclude any population groups from the scope? If yes, how do these exclusions relate to any equality and health inequalities issues identified?
No population group has been excluded from the scope.

Completed by developer: Kate Kelley

Date: 25/11/2022

Approved by committee chair: Phil Taverner

Date: 23/11/2022

Approved by NICE quality assurance lead: Christine Carson

Date: 06/06/2023

STAGE 3. Finalising the scope

(to be completed by the Developer, and submitted with the revised scope if this is applicable. Skip this stage if there was no consultation.)

3.1 How inclusive was the consultation process in terms of response from stakeholders who may experience inequalities related to the topic (identified in 2.2)?
Not applicable as there will not be a draft scope consultation.

3.2 Have any additional equality and health inequalities issues been identified during consultation? If so, what were they and what potential solutions/changes were suggested by stakeholders to address them?

Not applicable as there will not be a draft scope consultation.

3.3 Have any changes been made to the scope as a result of the consultation and equality and health inequalities issues identified in 2.2 and 3.2? Were any other changes made to the scope that may impact on equality and health inequalities?
Not applicable as there will not be a draft scope consultation.

Completed by developer _____

Date_____

Approved by committee chair _____

Date _____

Approved by NICE quality assurance lead _____

Date_____

STAGE 4. Development of guideline or topic area for update

(to be completed by the developer before consultation on the draft guideline or update)

4.1 From the evidence syntheses and the committee's considerations thereof, what were the main equality and health inequalities issues identified? Were any **further** potential issues identified (in addition to those identified during the scoping process) or any gaps in the evidence for any particular group?

1) Protected characteristics

a. Age

No further potential issues were identified.

b. Disability

One further inequality issue was identified by the committee in relation to this protected characteristic. The committee discussed that emollient bath additives may be useful for children with sensory perception disorders, as they may not be able to tolerate the use of leave-on emollients. The committee discussed that emollient bath additives may be preferable in this population. The committee discussed that both intervention and comparator arms in the BATHE trial used leave-on emollients. Therefore, the effectiveness of bath emollients is unclear when leave-on emollients are not also used. The committee discussed that it is possible to add leave-on emollients to the bath water by diluting them in hot water, and that advising patients and carers to do this would mean that patients with sensory perception disorders are not adversely affected by the 'do not offer' recommendation.

c. Gender reassignment

No further potential issues were identified.

d. Pregnancy and maternity

No further potential issues were identified.

e. Race

No further potential issues were identified.

f. Religion or belief

No further potential issues were identified.

g. Sex

No further potential issues were identified.

h. Sexual orientation

No further potential issues were identified.

i*. Marriage/civil partnership*

No further potential issues were identified.

2) Socioeconomic status and deprivation

In relation to socioeconomic status and deprivation, the committee recognised that equity in access to healthcare and management of eczema is key for this group. By making a negative 'do not offer' recommendation, they considered whether this might disadvantage patients who were currently using emollient bath additives and felt they were beneficial. The committee were aware that the BATHE economic evaluation had also included a non-reference case analysis which included patient-borne costs, and that the results remained non-cost effective (in line with expectation as the reference case analysis results were not cost effective). The committee considered that individuals who wish to continue using emollient bath additives would still have the option of buying them over-the-counter, and that this was consistent with other examples of safe treatments that were not provided on the NHS. As the decision was based on evidence of emollient bath additives lacking efficacy (rather than a lack of evidence of efficacy), the committee were satisfied that this did not represent an equalities issue.

3) Geographical area variation

In relation to geographical area variation, the surveillance process highlighted issues related to geographical variation in prescription of emollient bath emollients, which are now being limited in some areas in response to the BATHE trial. The committee discussed variations in prescribing of emollient bath additives across the country, and that a 'do not offer' recommendation from NICE would bring the guidance in line with guidance from NHS England and would further reduce prescribing and the variation that is currently present.

4) Inclusion health and vulnerable groups

No further potential issues were identified.

4.2	How have the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the guideline or update and any draft recommendations?

The committee's discussion on equality and health inequalities issues is included in the evidence review (in the section on the committee's discussion of the evidence) and the rationale section of the guideline.

4.3 Could any draft recommendations potentially increase inequalities?
This was discussed by the committee who agreed that the draft recommendations would not increase inequalities and could address the current variation in prescribing.

4.4 How has the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the development of any research recommendations?
The CG57 Atopic eczema in under 12s guideline identified a research gap in the effectiveness of emollient bath additives in managing eczema which was addressed by the BATHE trial. Therefore, the committee agreed that further research was not needed, and they did not make any research recommendations.

4.5 Based on the equality and health inequalities issues identified in 2.2, 3.2 and 4.1, do you have representation from relevant stakeholder groups for the guideline or update consultation process, including groups who are known to be affected by these issues? If not, what plans are in place to ensure relevant stakeholders are represented and included?
The committee suggested that the guideline development team engage with Eczema Outreach Support https://eos.org.uk/, a charity to support children and young people with eczema. One committee member also noted that the National Eczema Society should be included. This will allow the views of those with this condition to feed into the guideline update. The groups identified are registered stakeholders for this guideline update. We will seek their engagement at draft guideline consultation.

4.6 What questions will you ask at the stakeholder consultation about the impact of the guideline or update on equality and health inequalities?

No specific questions will be asked, but we will ensure that any comments from relevant stakeholders are considered and discussed with the committee, and changes will be made where necessary.

Completed by developer: Caroline Mulvihill on behalf of Kate Kelley

Date: 20/03/2023

Approved by committee chair: Phil Taverner

Date: 20/03/2023

Approved by NICE quality assurance lead: Christine Carson

Date: 06/06/2023

STAGE 5. Revisions and final guideline or update

(to be completed by the developer before guidance executive considers the final guideline or update)

5.1 How inclusive was the consultation process on the draft guideline in terms of response from groups (identified in box 2.2, 3.2 and 4.1) who may experience inequalities related to the topic?
Draft guideline consultation comments were received from a range of stakeholders including patient organisations, professional bodies, NHS England, pharmaceutical companies, NHS networks and academic institutions. All stakeholders raised the issue of inequalities in their comments. Comments were also received from Eczema Outreach Support https://eos.org.uk/, a charity to support children and young people with eczema and the National Eczema Society who supports everyone affected by eczema.

5.2 Have any **further** equality and health inequalities issues beyond those identified at scoping and during development been raised during the consultation on the draft guideline or update, and, if so, how has the committee considered and addressed them?

Additional equality issues were raised by stakeholders during consultation:

1) Protected characteristics

a. Age

No further potential issues were identified.

b. Disability - sensory perception disorders

Stakeholders questioned whether sufficient consideration had been given to the needs of children with sensory perception disorders. It was also suggested that more research is required to understand if children with sensory processing disorders can tolerate leave-on emollients diluted in the bath.

The committee were aware that some children with sensory processing disorders may be unable to tolerate having leave-on emollients applied to their skin and considered this issue carefully. However, they also discussed that no evidence was identified around the effectiveness of emollient bath additives in this population, or when emollient bath additives were used in the absence of leave-on emollients. The committee discussed that there are other ways that children who are unable to tolerate leave-on emollients may

benefit from emollients, such as washing with them (recommendation 1.5.1.6). The committee also discussed that it is possible to dilute leave-on emollients and add them to bath water. The committee agreed on the importance of understanding the needs of individual children with atopic eczema and their families, and for clinicians to provide personalised advice to patients and their carers based on this.

The committee agreed that it is important to make children with atopic eczema and their carers aware of the different ways that emollients can be used for washing and bathing, including the possibility of diluting some leave-on emollients in bath water. To address this, the committee decided to draft recommendation 1.5.1.12 around offering personalised washing and bathing advice to children with atopic eczema and their carers. The committee highlighted that this recommendation would be particularly relevant for children with sensory processing disorders.

The committee were also unable to make a research recommendation around the use of emollients in children with sensory processing disorders as the review focused only on emollient bath additives. The committee did consider the drafting a research recommendation on the use of emollient bath additives in children with sensory processing disorders. However, they noted that sensory processing disorders are complex. They discussed that not all children with sensory processing disorders are unable to tolerate leave-on emollients, and some children have additional needs that need to be considered.

c. Gender reassignment

No further potential issues were identified.

d. Pregnancy and maternity

No further potential issues were identified.

e. Race

No further potential issues were identified.

f. Religion or belief

No further potential issues were identified.

g. Sex

No further potential issues were identified.

h. Sexual orientation

No further potential issues were identified.

i. Marriage/civil partnership

No further potential issues were identified.

2. Socioeconomic status and deprivation

Stakeholders disagreed with the recommendation that emollient bath additives should not be prescribed to children with atopic eczema from an inequality point of view. They questioned whether the alternative to purchase emollient bath additives over the counter is appropriate from an inequality point of view. In the current financial climate, patients/ parents/ carers are struggling to pay prescription charges and may consider over the counter (OTC) medicines unaffordable. This is a potential inequality affecting children and families on lower incomes.

The committee considered the current financial climate, and that many families would find it difficult to pay for emollient bath additives over the counter. However, the committee agreed that the evidence showed that emollient bath additives are not effective when used in addition to standard care, which included applying leave-on emollients and washing with emollients. The committee discussed that they had not seen any evidence where emollient bath additives were used instead of leave-on emollients, and therefore did not have the evidence to make a recommendation for this. The committee did agree that applying leave-on emollients and washing with emollients is important, and they did not want patients to think they could use emollient bath additives as an alternative to this. The committee thought that it was important to educate and communicate this to patients and drafted a new recommendation (1.5.1.12) around offering personalised advice to children with atopic eczema and their parents or carers on the use of leave-on emollients and emollient soap substitutes for bathing and showering. This would also provide a way for patients and carers to get advice on alternative ways to bathe with emollients (such as diluting leave-on emollients in hot water and adding them to bath water) if applying leave-on emollients is not acceptable to the patient, or if the clinician feels that this would benefit the patient.

3) Geographical area variation

No further potential issues were identified.

4) Inclusion health and vulnerable groups

No further potential issues were identified.

5.3 If any recommendations have changed after consultation, how could these changes impact on equality and health inequalities issues?
The committee drafted a new recommendation (1.5.1.12) around offering personalised advice to children with atopic eczema and their parents or carers on the use of leave-on emollients and emollient soap substitutes for bathing and showering. The committee agreed on the importance of understanding the needs of individual children with atopic eczema and their families, and for clinicians to provide personalised advice to patients and their carers based on this.

5.4 Following the consultation on the draft guideline and response to questions 4.1 and 5.2, have there been any further committee considerations of equality and health inequalities issues across the four dimensions that have been reflected in the final guideline?
There were no further committee considerations of equality and health inequalities.

5.5 Please provide a summary of the key equality and health inequalities issues that should be highlighted in the guidance executive report before sign-off of the final guideline or update
Key issues relate to the consideration of children with sensory perception disorders and socio-economic status and deprivation. In light of this, the committee drafted a new recommendation (1.5.1.12) around offering personalised advice to children with atopic eczema and their parents or carers on the use of leave-on emollients and emollient soap substitutes for bathing and showering. This would also provide a way for patients and carers to get advice on alternative ways to bathe with emollients. The committee agreed on the importance of understanding the needs of individual children with atopic eczema and their families.

Completed by developer: Kate Kelley

Date: 22/05/23

Approved by committee chair: Phil Taverner

Date 22/05/2023

Approved by NICE quality assurance lead: Christine Carson

Date: 06/06/2023