

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Draft quality standard for atopic eczema in children

1 Introduction

Atopic eczema (atopic dermatitis) is a chronic, inflammatory, itchy skin condition that usually develops in early childhood. It is typically an episodic disease of exacerbation consisting of flares, which may occur 2 or 3 times per month, and remissions, but in some children it is continuous. Atopic eczema often has a genetic component that leads to the breakdown of the skin barrier. This makes the skin susceptible to trigger factors, including irritants and allergens, which can make the eczema worse.

In many children atopic eczema clears or improves during childhood, whereas in others it persists into adulthood. Some children who have atopic eczema will go on to develop asthma and/or allergic rhinitis; this sequence of events is sometimes referred to as the 'atopic march'. Although atopic eczema is not always recognised as a serious medical condition by healthcare professionals, it can have a significant negative impact on quality of life for children and their parents or carers.

This quality standard covers the management of atopic eczema in children from birth up to the age of 12 years. For more information see the [scope](#) for this quality standard.

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. They draw on existing guidance, which provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement. The quality standard, in conjunction with the guidance on which

it is based, should contribute to the improvements outlined in the following frameworks:

- [NHS Outcomes Framework 2013–14](#) (Department of Health, November 2012)
- Improving outcomes and supporting transparency: Part 1: a [public health outcomes framework for England, 2013–2016](#) (Department of Health, January 2012 and [technical refresh](#) November 2012)

The table below shows the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving:

NHS Outcomes Framework 2013-14	
Domain 1: Preventing people from dying prematurely	<p>Overarching indicator</p> <p>1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare</p> <p>ii Children and young people</p> <p>Improvement areas</p> <p><i>Reducing deaths in babies and young children</i></p> <p>1.6 i Infant mortality* (Public Health Outcomes Framework 2013-16 4.1)</p>
Domain 4: Ensuring that people have a positive experience of care.	<p>Overarching indicators</p> <p>4a Patient experience of primary care</p> <p>4ai GP services</p> <p>4aii GP out of hours services</p> <p>4b Patient experience of hospital care</p> <p>Improvement areas</p> <p><i>Improving children and young people's experience of healthcare</i></p> <p>4.8 An indicator is under development</p>

Public Health Outcomes Framework 2013-16	
Domain 4: Healthcare public health and preventing premature mortality	Objective Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities Indicators 4.1 Infant mortality* (NHS Outcomes Framework 2013-14 1.6)

2 Draft quality standard for atopic eczema in children

Overview

The draft quality standard for atopic eczema in children requires that services should be commissioned from and coordinated across all relevant agencies encompassing the whole atopic eczema in children care pathway. An integrated approach to provision of services is fundamental to the delivery of high-quality care to children with atopic eczema.

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in diagnosing and managing atopic eczema in children should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

No.	Draft quality statements
1	Children with atopic eczema are offered an assessment that includes recording of their detailed clinical and treatment histories and identifying potential trigger factors, including irritants, allergens and psychological factors.
2	Children with atopic eczema have their eczema recorded as clear, mild, moderate or severe at each consultation.
3	Children with atopic eczema have a discussion of their psychological wellbeing and quality of life recorded at each consultation.
4	Children with atopic eczema are offered a stepped-care plan supported by education.
5	Children with atopic eczema are prescribed sufficient quantities (up to 500g weekly) of unperfumed emollients for daily use.
6	Children with atopic eczema should have their repeat prescriptions of individual and combinations of products reviewed at least annually.
7	Children with atopic eczema (and their parents and/or carers) are given information on how to recognise the symptoms and signs of bacterial and viral infection in eczema.

8	Children with atopic eczema who have suspected eczema herpeticum are given immediate treatment with systemic aciclovir and are referred for same-day specialist dermatological advice.
9	Children with uncontrolled or unresponsive atopic eczema, including recurring infections and psychological problems, are referred for specialist dermatological advice.
10	Bottle-fed infants under 6 months with moderate or severe atopic eczema that has not been controlled by optimal treatment with emollients and mild topical corticosteroids should be offered a 6 to 8 week trial of an extensively hydrolysed hypoallergenic formula or amino acid formula and referred for specialist advice.

In addition, quality standards that should also be considered when commissioning and providing a high-quality atopic eczema in children service are listed in section 7.

General questions for consultation:

Question 1	Can you suggest any appropriate healthcare outcomes for each individual quality statement?
Question 2	What important areas of care, if any, are not covered by the quality standard?
Question 3	What, in your opinion, are the most important quality statements and why?
Question 4	Are any of the proposed quality measures inappropriate and, if so, can you identify suitable alternatives?
Please refer to Quality standards in development on the NICE website for additional general points for consideration.	
Statement specific questions for consultation	
Question 5	For draft quality statement 9, we have not specified a timeframe for referral for specialist dermatological advice. NICE clinical guideline 57 Atopic eczema in children recommendation 1.7.1.2 recommends that children with severe cases of atopic eczema or if the child's treatment of bacterially infected atopic eczema has failed they should be urgently referred within 2 weeks, however no timeframe is given in recommendation 1.7.1.3 for general reasons for specialist referral. Do stakeholders believe that a timeframe for specialist referral should be included in draft quality statement 9, and if so, what should the timeframe be?

Draft quality statement 1: Holistic assessment

Draft quality statement	Children with atopic eczema are offered an assessment that includes recording of their detailed clinical and treatment histories and identifying potential trigger factors, including irritants, allergens and psychological factors.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that children with atopic eczema are offered an assessment that includes recording of their detailed clinical and treatment histories and identifying potential trigger factors, including irritants, allergens and psychological factors.</p> <p>Process: The proportion of children with atopic eczema who receive an assessment that includes recording of their detailed clinical and treatment histories and identifying potential trigger factors, including irritants, allergens and psychological factors.</p> <p>Numerator – the number of children in the denominator who receive an assessment that includes the recording of their detailed clinical and treatment histories and identifying potential trigger factors, including irritants, allergens and psychological factors.</p> <p>Denominator – the number of children with atopic eczema.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that systems are in place to offer children with atopic eczema are offered an assessment that includes recording of their detailed clinical and treatment histories and identifying potential trigger factors, including irritants, allergens and psychological factors.</p> <p>Healthcare professionals ensure they offer children with atopic eczema an assessment that includes recording of their detailed clinical and treatment histories and identifying potential trigger factors, including irritants, allergens and psychological factors.</p> <p>Commissioners ensure they commission services with local arrangements to offer children with atopic eczema an assessment that includes recording of their detailed clinical and treatment histories and identifying potential trigger factors, including irritants, allergens and psychological factors.</p> <p>Children with atopic eczema are offered an assessment that includes recording of their detailed clinical and treatment histories and identifying potential trigger factors, including irritants, allergens and psychological factors.</p>
Source clinical guideline references	NICE clinical guideline 57 Atopic eczema in children , recommendations 1.1.1.1 and 1.4.1.1.
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p>

Definitions	<p>Clinical and treatment histories</p> <p>NICE clinical guideline 57 recommends that healthcare professionals take detailed clinical and treatment histories to aid management of atopic eczema in children, and that these should include questions about:</p> <ul style="list-style-type: none">• time of onset, pattern and severity of the atopic eczema• response to previous and current treatments• possible trigger factors (irritant and allergic)• the impact of the atopic eczema on children and their parents or carers and families• dietary history including any dietary manipulation• growth and development• personal and family history of atopic diseases. <p>Potential trigger factors</p> <p>NICE clinical guideline 57 recommends that when clinically assessing children with atopic eczema, healthcare professionals should seek to identify potential trigger factors including:</p> <ul style="list-style-type: none">• irritants, for example soaps and detergents, and preservatives found in some medicinal creams and emollients• skin infections• contact allergens• food allergens• inhalant allergens.
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Draft quality statement 2: Recording of physical eczema severity

Draft quality statement	Children with atopic eczema have their eczema recorded as clear, mild, moderate or severe at each consultation.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that children with atopic eczema have their eczema recorded as clear, mild, moderate or severe at each consultation.</p> <p>Process: The proportion of children with atopic eczema who have their eczema recorded as clear, mild, moderate or severe at each consultation.</p> <p>Numerator – the number of consultations in the denominator at which eczema is recorded as clear, mild, moderate or severe.</p> <p>Denominator – the number of consultations with children with atopic eczema.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure local arrangements are in place for children with atopic eczema to have their eczema recorded as clear, mild, moderate or severe at each consultation.</p> <p>Healthcare professionals ensure they record the children's atopic eczema as clear, mild, moderate or severe at each consultation.</p> <p>Commissioners ensure they commission services with local arrangements to record the children's atopic eczema as clear, mild, moderate or severe at each consultation.</p> <p>Children with atopic eczema have their eczema recorded as clear, mild, moderate or severe at each consultation.</p>
Source clinical guideline references	NICE clinical guideline 57 Atopic eczema in children recommendation 1.2.1.1.
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p>
Definitions	<p>Clear, mild, moderate or severe eczema</p> <p>NICE clinical guideline 57 recommends an assessment of the skin/physical severity of atopic eczema and the impact of atopic eczema on quality of life and social wellbeing at each consultation. The guideline defines the physical severity of atopic eczema as follows:</p> <ul style="list-style-type: none"> • Clear: normal skin, no evidence of active atopic eczema • Mild: areas of dry skin, infrequent itching (with or without small areas of redness) • Moderate: areas of dry skin, frequent itching, redness (with

	<p>or without excoriation and localised skin thickening)</p> <ul style="list-style-type: none">• Severe: widespread areas of dry skin, incessant itching, redness (with or without excoriation, extensive skin thickening, bleeding, oozing, cracking and alteration of pigmentation).
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Draft quality statement 3: Recording of psychological wellbeing and quality of life

Draft quality statement	Children with atopic eczema have a discussion of their psychological wellbeing and quality of life recorded at each consultation.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that children with atopic eczema have their psychological wellbeing and quality of life recorded at each consultation.</p> <p>Process: The proportion of children with atopic eczema who have their psychological wellbeing and quality of life recorded at each consultation.</p> <p>Numerator – the number of consultations in the denominator at which the psychological wellbeing and quality of life of children with atopic eczema is recorded.</p> <p>Denominator – the number of consultations with children with atopic eczema.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure local arrangements are in place for children with atopic eczema to have their psychological wellbeing and quality of life recorded at each consultation.</p> <p>Healthcare professionals ensure children with atopic eczema have their psychological wellbeing and quality of life recorded at each consultation.</p> <p>Commissioners ensure they commission services with local arrangements for children with atopic eczema to have their psychological wellbeing and quality of life recorded at each consultation.</p> <p>Children with atopic eczema have their psychological wellbeing and quality of life (how the child's eczema is affecting their lives on a day-to-day basis) recorded at each consultation.</p>
Source clinical guideline references	NICE clinical guideline 57 Atopic eczema in children , recommendations 1.2.1.1 and 1.7.1.3.
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p>
Definitions	<p>Impact of atopic eczema on children's quality of life and psychological and psychosocial wellbeing</p> <p>NICE clinical guideline 57 recommends an assessment of the physical severity of atopic eczema and the impact of atopic eczema on children's quality of life and psychological and psychosocial wellbeing at each consultation. The guideline defines the impact of atopic eczema on quality of life and psychosocial wellbeing as follows:</p>

	<ul style="list-style-type: none">• Clear atopic eczema: no impact on quality of life• Mild atopic eczema: little impact on everyday activities, sleep and psychosocial wellbeing• Moderate atopic eczema: moderate impact on everyday activities and psychosocial wellbeing, frequently disturbed sleep• Severe atopic eczema: severe limitation of everyday activities and psychosocial functioning, nightly loss of sleep. <p>Note that the impact of atopic eczema on families and/or their carers will usually be recorded in the notes of the child who has atopic eczema.</p>
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Draft quality statement 4: Stepped approach to management

Draft quality statement	Children with atopic eczema are offered a stepped-care plan supported by education.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that children with atopic eczema are offered a stepped-care plan supported by education.</p> <p>Process: The proportion of children with atopic eczema who receive a stepped-care plan supported by education.</p> <p>Numerator – the number of children in the denominator who receive a stepped-care plan supported by education.</p> <p>Denominator – the number of children with atopic eczema.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that systems are in place to offer children with atopic eczema a stepped-care plan supported by education.</p> <p>Healthcare professionals offer children with atopic eczema a stepped-care plan supported by education.</p> <p>Commissioners ensure they commission services with local arrangements to offer children with atopic eczema a stepped-care plan supported by education.</p> <p>Children with atopic eczema are offered a stepped-care plan (when treatment is ‘stepped up’ or ‘stepped down’ according to how severe the eczema is) and advice and information about atopic eczema and its treatment.</p>
Source clinical guideline references	NICE clinical guideline 57 recommendations 1.5.1.1, 1.5.1.2 and 1.6.1.1.
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p>
Definitions	<p>Stepped approach to management</p> <p>NICE clinical guideline 57 recommends that healthcare professionals use a stepped approach to managing atopic eczema in children, which means tailoring the treatment step to the severity of the atopic eczema. Emollients should form the basis of atopic eczema management and should always be used, even when the atopic eczema is clear. Management can then be stepped up or down, according to the severity of symptoms, by adding or withdrawing treatments as follows:</p>

	Mild atopic eczema	Moderate atopic eczema	Severe atopic eczema
	Emollients	Emollients	Emollients
	Mild potency topical corticosteroids	Moderate potency topical corticosteroids	Potent topical corticosteroids
		Topical calcineurin inhibitors	Topical calcineurin inhibitors
		Bandages	Bandages
			Phototherapy
			Systemic therapy
	<p>Education</p> <p>Education is integral to the stepped approach to the whole package of care. Stepped care should include a verbal and written care plan.</p> <p>NICE clinical guideline 57 recommends that healthcare professionals offer children with atopic eczema (and their parents or carers) information on how to recognise flares of atopic eczema (increased dryness, itching, redness, swelling and general irritability). They should give clear instructions on how to manage flares according to the stepped-care plan, and offer treatments that allow children (and their parents/carers) to follow this plan.</p> <p>NICE clinical guideline 57 recommends that healthcare professionals spend time educating children with atopic eczema (and their parents or carers) about atopic eczema and its treatment. They should provide information in verbal and written forms, with practical demonstrations, and should cover:</p> <ul style="list-style-type: none"> • how much of the treatments to use • how often to apply treatments • when and how to step treatment up or down • how to treat infected atopic eczema. <p>This should be reinforced at every consultation, addressing factors that affect adherence.</p> <p>It should include a demonstration of how to apply the prescribed treatments, including emollients, steroids, calcineurin inhibitors and medicated dressings (bandages).</p>		
Equality and diversity considerations	<p>Children with atopic eczema (and their parents and/or carers) whose first language is not English should be offered a verbal and written care plan, including advice on how to use treatments, in a way that they can understand. They must not be disadvantaged because their first language is not English.</p> <p>Children with atopic eczema (and their parents and/or carers) who have learning disabilities, or difficulties in communication or reading, should be offered a verbal and written care plan,</p>		

	including advice on how to use treatments, in a way that they can understand.
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Draft quality statement 5: Use of emollients

Draft quality statement	Children with atopic eczema are prescribed sufficient quantities (up to 500g weekly) of unperfumed emollients for daily use.
Draft quality measure	<p>Structure: Evidence of local arrangements to prescribe children with atopic eczema sufficient quantities (up to 500g weekly) of unperfumed emollients for daily use.</p> <p>Process: The proportion of children with atopic eczema who are receiving sufficient prescribed quantities (up to 500g weekly) of unperfumed emollients for daily use.</p> <p>Numerator – the number of children in the denominator who are receiving sufficient prescribed quantities (up to 500g weekly) of unperfumed emollients for daily use.</p> <p>Denominator – the number of children with atopic eczema.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure local arrangements are in place to provide children with atopic eczema sufficient prescribed quantities (up to 500 g weekly) of unperfumed emollients for daily use.</p> <p>Healthcare professionals ensure they prescribe children with atopic eczema sufficient quantities (up to 500g weekly) of unperfumed emollients for daily use.</p> <p>Commissioners ensure they commission services with local arrangements to provide children with atopic eczema sufficient prescribed quantities (up to 500g weekly) of unperfumed emollients for daily use.</p> <p>Children with atopic eczema receive sufficient prescribed quantities (up to 500g weekly) of unperfumed emollients for daily use.</p>
Source clinical guideline references	NICE CG57 Atopic eczema in children recommendation 1.5.2.1, 1.5.2.6
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p>
Definitions	<p>Unperfumed emollients</p> <p>NICE clinical guideline 57 recommends that a choice of unperfumed emollients should be offered to children with atopic eczema that is suited to the child's needs and preferences for everyday moisturising, washing and bathing. This may include a combination of products or 1 product for all purposes.</p> <p>The guideline adds that healthcare professionals should offer an alternative emollient if a particular emollient causes irritation or is not acceptable to a child with atopic eczema.</p>

	<p>The full NICE guideline states that aqueous cream is associated with stinging when used as a leave-on emollient.</p> <p>Sufficient quantities of emollients</p> <p>NICE clinical guideline 57 recommends that children with atopic eczema should be offered leave-on emollients in large quantities (250–500g weekly) that are easily available for use at nursery, pre-school or school.</p>
Equality and diversity considerations	<p>In recommending skin treatments, healthcare professionals should be sensitive to the culture of families of children with atopic eczema. For example, if families use olive oil as a skin treatment, but this is likely to be harmful to a child's skin, the reasons for the recommended treatment should be explained sensitively.</p>

Draft quality statement 6: Review of medication

Draft quality statement	Children with atopic eczema should have their repeat prescriptions of individual and combinations of products reviewed at least annually.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure children with atopic eczema should have their repeat prescriptions of individual and combinations of products reviewed at least annually.</p> <p>Process: The proportion of children with atopic eczema should have their repeat prescriptions of individual and combinations of products reviewed at least annually.</p> <p>Numerator – the number of children in the denominator who received a review for repeat prescriptions of individual and combinations of products in the previous 12 months.</p> <p>Denominator – the number of children with atopic eczema.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure local arrangements are in place to provide a review for children with atopic eczema for repeat prescriptions of individual and combinations of products at least annually.</p> <p>Health care professionals ensure they review children with atopic eczema for repeat prescriptions of individual and combinations of products at least annually.</p> <p>Commissioners ensure they commission services with local arrangements to provide a review for children with atopic eczema for repeat prescriptions of individual and combinations of products at least annually.</p> <p>Children with atopic eczema have a review for repeat prescriptions of individual and combinations of products at least annually.</p>
Source clinical guideline references	NICE clinical guideline 57 Atopic eczema in children recommendation 1.5.2.7
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p>
Definitions	<p>Review of medication</p> <p>NICE clinical guideline 57 Atopic eczema in children recommends that healthcare professionals should review repeat prescriptions of individual products and combinations of products with children with atopic eczema and their parents or carers at least once a year to ensure that therapy remains optimal.</p>

Draft quality statement 7: Information about infections

Draft quality statement	Children with atopic eczema (and their parents and/or carers) are given information on how to recognise the symptoms and signs of bacterial and viral infection in eczema.
Draft quality measure	<p>Structure: Evidence of local arrangements for children with atopic eczema (and their parents and/or carers) to be given information on how to recognise the symptoms and signs of bacterial and viral infection in eczema.</p> <p>Process: The proportion of children with atopic eczema (and their parents and/or carers) who receive information on how to recognise the symptoms and signs of bacterial and viral infection in eczema.</p> <p>Numerator – the number of children (and their parents and/or carers) in the denominator who receive information on how to recognise the symptoms and signs of bacterial and viral infection in eczema.</p> <p>Denominator – the number of children with atopic eczema.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure there are local arrangements for children with atopic eczema (and their parents and/or carers) to be given information on how to recognise the symptoms and signs of bacterial and viral infection in eczema.</p> <p>Healthcare professionals ensure children with atopic eczema (and their parents and/or carers) are given information on how to recognise the symptoms and signs of bacterial and viral infection in eczema.</p> <p>Commissioners ensure they commission services with local arrangements to give children with atopic eczema (and their parents and/or carers) information on how to recognise the symptoms and signs of bacterial and viral infection in eczema.</p> <p>Children with atopic eczema (and their parents and/or carers) are given information on how to recognise the symptoms and signs of bacterial and viral infection in eczema.</p>
Source clinical guideline references	NICE clinical guideline 57 Atopic eczema in children recommendation 1.5.7.1.
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p>

Definitions	<p>Symptoms and signs of bacterial and viral infection in eczema</p> <p>NICE clinical guideline 57 describes the symptoms and signs of bacterial infection with staphylococcus and/or streptococcus as weeping, pustules, crusts, atopic eczema failing to respond to therapy, rapidly worsening atopic eczema, fever and malaise.</p>
Equality and diversity considerations	<p>Children with atopic eczema (and their parents or carers) whose first language is not English should receive a verbal and written care plan, including advice on how to use treatments, in a way that they can understand. They must not be disadvantaged because their first language is not English.</p> <p>Children with atopic eczema (and their parents or carers) who have learning disabilities or difficulties in communication or reading should be given a verbal and written care plan, including advice on how to use treatments, in a way that they can understand.</p>

Draft quality statement 8: Treatment of eczema herpeticum

Draft quality statement	Children with atopic eczema who have suspected eczema herpeticum are given immediate treatment with systemic aciclovir and are referred for same-day specialist dermatological advice.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure children with atopic eczema who have suspected eczema herpeticum receive immediate treatment with systemic aciclovir and are referred for same-day specialist dermatological advice.</p> <p>Process: The proportion of children with atopic eczema who have suspected eczema herpeticum who receive immediate treatment with systemic aciclovir and are referred for same-day specialist dermatological advice.</p> <p>Numerator – the number of children in the denominator who receive immediate treatment with systemic aciclovir and are referred for same-day specialist dermatological advice.</p> <p>Denominator – the number of children with atopic eczema who have suspected eczema herpeticum.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that local arrangements are in place for children with atopic eczema who have suspected eczema herpeticum to be given immediate treatment with systemic aciclovir and are referred for same-day specialist dermatological advice.</p> <p>Healthcare professionals ensure that children with atopic eczema who have suspected eczema herpeticum are given immediate treatment with systemic aciclovir and are referred for same-day specialist dermatological advice.</p> <p>Commissioners ensure they commission services with local arrangements to give children with atopic eczema who have suspected eczema herpeticum immediate treatment with systemic aciclovir and refer them for same-day specialist dermatological advice.</p> <p>Children with atopic eczema who have suspected eczema herpeticum are given immediate treatment with systemic aciclovir and are referred for same-day specialist dermatological advice.</p>
Source clinical guideline references	NICE clinical guideline 57 Atopic eczema in children recommendations 1.5.7.10, 1.5.7.11 and 1.7.1.1.
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p>

Definitions	<p>Suspected eczema herpeticum</p> <p>Eczema herpeticum is a widespread herpes simplex virus. Signs of eczema herpeticum are:</p> <ul style="list-style-type: none">• areas of rapidly worsening, painful eczema• clustered blisters consistent with early-stage cold sores• punched-out erosions (circular, depressed, ulcerated lesions) usually 1–3 mm that are uniform in appearance (these may coalesce to form larger areas of erosion with crusting)• possible fever, lethargy or distress. <p>Specialist dermatological advice</p> <p>The referral should be to a specialist dermatological unit dealing with paediatric cases, for example, a clinician with experience and qualifications in paediatric dermatology. This could include a specialist nurse or a GP with a specialist interest as long as they are under the umbrella of a dermatological unit and trained in paediatric dermatology.</p>
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Draft quality statement 9: Referral for specialist dermatological advice

Draft quality statement	Children with uncontrolled or unresponsive atopic eczema, including recurring infections and psychological problems, are referred for specialist dermatological advice.
Draft quality measure	<p>Structure: Evidence of local arrangements for children with uncontrolled or unresponsive atopic eczema, including recurring infections and psychological problems, to be referred for specialist dermatological advice.</p> <p>Process:</p> <p>a) The proportion of children with uncontrolled or unresponsive atopic eczema, including recurring infections and psychological problems.</p> <p>Numerator – the number of children in the denominator who are referred for specialist dermatological advice.</p> <p>Denominator – the number of children with uncontrolled or unresponsive atopic eczema, including recurring infections and psychological problems.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure there are local arrangements for children with atopic eczema to be referred for specialist dermatological advice if their atopic eczema is uncontrolled or unresponsive to treatment, including eczema with recurring infections and psychological problems.</p> <p>Healthcare professionals ensure that children with atopic eczema are referred for specialist dermatological advice if their atopic eczema is uncontrolled or unresponsive to treatment, including eczema with recurring infections and psychological problems.</p> <p>Commissioners ensure they commission services with local arrangements to refer children with atopic eczema for specialist dermatological advice if their atopic eczema is uncontrolled or unresponsive to treatment, including eczema with recurring infections and psychological problems.</p> <p>Children with atopic eczema whose eczema does not improve after treatment, is very severe, becomes infected repeatedly or is causing them psychological problems are referred to a specialist.</p>
Source clinical guideline references	NICE clinical guideline 57 Atopic eczema in children recommendation 1.7.1.3.
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p>

Definitions	<p>Specialist dermatological advice</p> <p>The referral should be to a specialist dermatological unit dealing with paediatric cases, for example clinician with experience or qualifications in paediatric dermatology. This could include a specialist nurse or a GP with a specialist interest as long as they are under the umbrella of a dermatological unit and trained in paediatric dermatology. Onward referral for psychological advice can be made where necessary.</p> <p>NICE clinical guideline 57 Atopic eczema in children recommends referral for different sorts of specialist advice for children with atopic eczema, depending on clinical need. Specialist dermatological advice should be sought if the atopic eczema is not well controlled, has not responded to treatment or is associated with recurring infections. Specialist dermatological advice should also be sought if the physical condition is giving rise to significant social or psychological problems for the child (or their parents or carers), including sleep disturbance or poor school attendance.</p>
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Draft quality statement 10: Suspected food allergy

Draft quality statement	Bottle-fed infants under 6 months with moderate or severe atopic eczema that has not been controlled by optimal treatment with emollients and mild topical corticosteroids should be offered a 6 to 8 week trial of an extensively hydrolysed hypoallergenic formula or amino acid formula and referred for specialist advice.
Draft quality measure	<p>Structure: Evidence of local arrangements for bottle-fed infants under 6 months with moderate or severe atopic eczema that has not been controlled by optimal treatment with emollients and mild topical corticosteroids to be offered a 6 to 8 week trial of an extensively hydrolysed hypoallergenic formula or amino acid formula and referred for specialist advice.</p> <p>Process:</p> <p>a) The proportion of bottle-fed infants under 6 months with moderate or severe atopic eczema that has not been controlled by optimal treatment with emollients and mild topical corticosteroids who receive a 6 to 8 week trial of an extensively hydrolysed hypoallergenic formula or amino acid formula.</p> <p>Numerator – the number of infants in the denominator who receive a 6 to 8 week trial of an extensively hydrolysed hypoallergenic formula or amino acid formula.</p> <p>Denominator – the number of bottle-fed infants under 6 months who have moderate or severe atopic eczema that has not been controlled by optimal treatment with emollients and mild topical corticosteroids.</p> <p>b) The proportion of bottle-fed infants under 6 months with moderate or severe atopic eczema that has not been controlled by optimal treatment with emollients and mild topical corticosteroids, and who received a 6 to 8 week trial of an extensively hydrolysed hypoallergenic formula or amino acid formula, who are referred for specialist advice.</p> <p>Numerator – the number of infants in the denominator who are referred for specialist advice.</p> <p>Denominator – the number of bottle-fed infants under 6 months with moderate or severe atopic eczema that has not been controlled by optimal treatment with emollients and mild topical corticosteroids, and who received a 6 to 8 week trial of an extensively hydrolysed hypoallergenic formula or amino acid formula.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure there are local arrangements for bottle-fed infants under 6 months with moderate or severe atopic eczema that has not been controlled by optimal treatment with emollients and mild topical corticosteroids to be offered a 6 to 8 week trial of an extensively hydrolysed hypoallergenic formula or amino acid formula and referred for specialist advice.</p> <p>Healthcare professionals ensure that bottle-fed infants under 6 months with moderate or severe atopic eczema that has not</p>

	<p>been controlled by optimal treatment with emollients and mild topical corticosteroids are offered a 6 to 8 week trial of an extensively hydrolysed hypoallergenic formula or amino acid formula and referred for specialist advice.</p> <p>Commissioners ensure they commission services with local arrangements to offer bottle-fed infants under 6 months with moderate or severe atopic eczema that has not been controlled by optimal treatment with emollients and mild topical corticosteroids a 6- to 8-week trial of an extensively hydrolysed hypoallergenic formula or amino acid formula and referral for specialist advice.</p> <p>Infants aged under 6 months who are bottle fed and who have moderate or severe atopic eczema that has not improved after treatment with emollients (moisturisers) or topical corticosteroids (creams or ointments used to reduce inflammation) are offered formula that is free from cow's milk for a trial period of 6 to 8 weeks, and referred to a specialist.</p>
Source clinical guideline references	<p>NICE clinical guideline 57 Atopic eczema in children recommendations 1.4.1.7, 1.4.1.8, 1.4.1.9 and 1.7.1.3</p>
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p>
Definitions	<p>Bottle-fed infants under 6 months</p> <p>NICE clinical guideline 57 Atopic eczema in children recommendation 1.4.1.7 specifies infants under 6 months. The Guideline Development Group took account of the likelihood of infants aged 6 to 12 months rejecting the formula because of its taste. But expert advice is that the trial or formula can be appropriate for infants up to 12 months.</p> <p>Referral for specialist advice</p> <p>The specialist advice sought will vary according to the outcome of the trial with formula. If a child continues to have the cow's milk-free diet for longer than 8 weeks they should be referred for specialist dietary advice because it did not lead to an improvement in the atopic eczema. In some cases, for example in rare allergy cases, referral for specialist allergy advice may be appropriate, depending on the availability of paediatric allergy specialists.</p> <p>If they do not continue with the cow's milk-free diet they will need to be referred for specialist dermatological advice.</p> <p>NICE clinical guideline 57 Atopic eczema in children recommends that specialist dermatological advice should be sought if the atopic eczema is not well controlled, has not responded to treatment or is associated with recurring infections. Specialist dermatological advice should also be sought if the physical condition is giving rise to significant social or psychological problems for the child (or their parents or carers), including sleep disturbance or poor</p>

	school attendance.
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3 Status of this quality standard

This is the draft quality standard released for consultation from 15 March until 16 April 2013. This document is not NICE's final quality standard on atopic eczema in children. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 16 April 2013. All eligible comments received during consultation will be reviewed by the Topic Expert Group and the quality statements and measures will be refined in line with the Topic Expert Group considerations. The final quality standard will then be available on the [NICE website](#) in September 2013.

4 Using the quality standard

It is important that the quality standard is considered alongside current policy and guidance documents listed in the evidence sources section.

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of health care. They are not a new set of targets or mandatory indicators for performance management.

Expected levels of achievement for quality measures are not specified. As quality standards are intended to drive up the quality of care, achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, we recognise that this may not always be appropriate in practice when taking account of patient safety, patient choice and clinical judgement and therefore desired levels of achievement should be defined locally.

We have indicated where national indicators currently exist and measure the quality statement. National indicators include those developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). For statements for which national quality indicators

do not exist, the quality measures should form the basis for audit criteria developed and used locally to improve the quality of health care.

For further information, including guidance on using quality measures, please see [What makes up a NICE quality standard?](#)

5 Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments will be published on the NICE website with the final version of the quality standard.

Good communication between health and social care professionals and children with atopic eczema is essential. Treatment and care, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Children with atopic eczema should have access to an interpreter or advocate if needed.

6 How this quality standard was developed

The evidence sources used to develop this quality standard are listed in appendix 1, along with relevant policy context, definitions and data sources. Further explanation of the methodology used can be found in the [Quality Standards Programme process guide](#).

7 Related NICE quality standards

[Patient experience in adult NHS services](#). NICE quality standard 15 (2012).

Psoriasis. (In development).

Appendix 1: Development sources

Evidence sources

The document below contains clinical guideline recommendations or other recommendations that were used by the Topic Expert Group to develop the quality standard statements and measures:

[Atopic eczema in children: management of atopic eczema in children from birth up to the age of 12 years](#). NICE clinical guideline 57 (2007, [Review decision](#), 2011).