

Improving paediatric eczema care in England: Moving towards more equitable and consistent care



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This document and the roundtable discussion it summarises, were organised and funded by Sanofi and Regeneron.

MAT-XU-2603141 (v3.0) | Date of Preparation: September 2026



Foreword

Professor Adam Fox, Paediatric Allergist,
Guy's & St Thomas' NHS Foundation Trust

"I can't remember a night in the last seven years when my oldest little boy has slept through the night."

James, eczema patient and father to two sons with eczema

This quote is from a parent who spoke at the roundtable I recently chaired on paediatric eczema care and, sadly, it is the reality that too many families with children with eczema experience. More than a quarter of parents and carers of children with eczema report that their child's sleep is disturbed most nights because of itching, and for some families this disruption continues for years.¹ Yet this common childhood condition, affecting one in five children in the UK, is still dismissed as "just itchy skin".²

Whilst most children experience relatively mild symptoms and can be managed by their GP, others experience moderate or severe symptoms which affect every aspect of their lives: sleep, school, mental health, family life and long-term wellbeing. As a paediatric allergist, I have seen first-hand the daily burden this condition places on children and families, and the potential for it to contribute to the development of other immune system disorders if not managed properly.

The good news? Care for children with moderate-to-severe eczema is changing. Advances in our understanding of the disease, new treatment options and evolving models of care mean we now have more opportunities than ever to improve outcomes for children whose eczema isn't adequately controlled.

But these advances only help if children can access the right care at the right time and, within the current system, too many families never get that. Parents posting online about their child's eczema describe struggling to find the right treatment, going through repeated GP visits, and hitting barriers when trying to access specialist support.³

Throughout the roundtable discussions captured in this report, one message came through loud and clear: there is far too much variation in whether, and how quickly, children progress through the eczema management pathway to specialist care. Addressing these barriers is one of the greatest opportunities we have to improve paediatric eczema outcomes today.

This report brings together the expertise of clinicians, patient organisations and health system representatives to identify practical actions that can help create a more equitable and consistent model of care across England. Now, the focus must be on working with policymakers and the NHS to establish a shared vision for high-quality paediatric eczema care, and to make sure every child can benefit from it.

I hope this report sparks that conversation and drives the collective action needed to deliver better care for children and families living with eczema.

Executive summary

In June 2026, Sanofi and Regeneron convened a roundtable discussion of clinical, patient and health system representatives to examine worrying inconsistencies in access to specialist care for children living with eczema across England. This report draws on this expert discussion, and two Sanofi and Regeneron-commissioned research projects: a survey of 38 healthcare professionals who manage these children, and a social media listening exercise of online conversations about childhood eczema. It concludes that coordinated action to better recognise the burden of eczema, strengthen referral pathways, increase access to specialists closer to home, and improve consistency in management across all health settings and schools, is needed.

46%

Educational impact

46% of young people with eczema report difficulty concentrating at school because of their condition.¹

79%

Mental wellbeing

79% of healthcare professionals regularly observe low self-esteem and body image concerns among children with eczema.⁴

90%

Health impact

Over **90% of children** with eczema live with at least one other allergy-related condition.^{5,6}

10-19_{wks}

Referral delays

Waiting times to see a specialist dermatologist **range from approximately 10 to 19 weeks** for child and adult patients.^{7,8}

Recommendation (summary)

Develop and consistently implement a national referral pathway for moderate-to-severe paediatric eczema, supported by clear referral criteria, decision-support tools and adoption as an ICB commissioning standard.

Introduce personalised eczema management plans for every child and ensure these are shared with families, schools and professionals, alongside national guidance for schools.

Strengthen primary care education and training to improve recognition of uncontrolled disease, confidence in referral decisions and delivery of consistent evidence-based care.

Expand innovative specialist-led models of care that bring dermatology expertise closer to patients and reduce waiting times through shared care, community clinics, multidisciplinary working and digital support.

Lead stakeholder(s)

Department of Health and Social Care (DHSC); Integrated Care Boards (ICBs); clinical and patient experts; primary care clinicians.

Lead clinicians; DHSC; Department for Education.

DHSC; GP practices; Primary Care Networks (PCNs); Neighbourhood Health Services.

Commissioners; Specialist Dermatology services; PCNs.

The burden of paediatric eczema

Eczema is often dismissed as “just itchy skin”. But for children living with moderate-to-severe disease the reality can be very different: persistent itching and pain, bleeding and infection, disrupted sleep, missed school and significant effects on confidence and mental wellbeing.^{2,5,9}

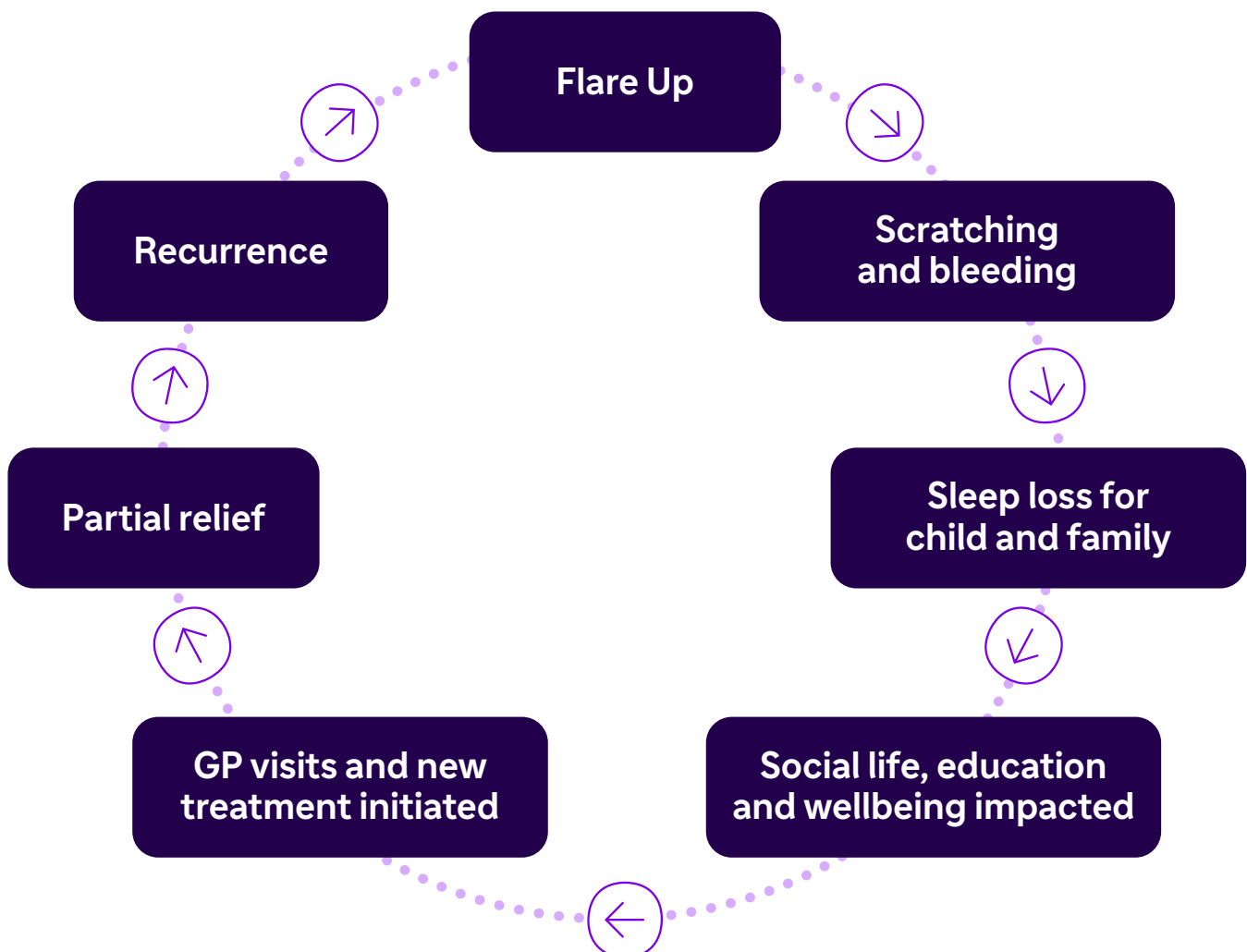
“When she was younger, she’d scratch in her sleep to the extent that she’d wake up covered in blood. We resorted to bandaging her up every night to try to prevent it.”

Post from parents of children with eczema on social media³

“My son’s [itching] is out of control. He’s so itchy, not sleeping because he’s itching and making himself bleed by scratching.”

Post from parents of children with eczema on social media³

These symptoms create a relentless cycle. One that compounds stress for children and their families and can affect long-term development.



James, who has lived with eczema for nearly 40 years and is now the father of two boys with the condition, described the experience: *“Most people wouldn’t realise I have eczema just by looking at me today, but they don’t see the years of pain or the impact it’s had on my life. The hardest part now is watching my two young boys go through the same journey.”*

For many families, consistently broken sleep is often the point at which eczema feels like it has become unmanageable.³

28%

More than a quarter (28%) of parents and carers of children with eczema report sleep disturbance most days, and over three quarters (76%) report sleep disturbance once a week.¹

89%

This was reflected in our survey of 38 UK healthcare professionals (HCP) who manage paediatric eczema patients. 89% of HCP respondents identified the disruption of sleep as the greatest challenge families face.⁴

22%

Similarly, in our social media analysis, “sleep disruption” was mentioned in nearly a quarter (22%) of analysed posts, with emotive stories of the impact on the child and the family.³

“One of the parents in a parents-support call recently kept describing night times as her nightmare. She said she would dread it throughout the day, knowing they were all going to have to go through a disturbed night of sleep.”

Suzi Holland, Chief Executive of Eczema Outreach Support

“He couldn’t sleep. He was exhausted but in so much discomfort... we didn’t know what to do to help.”

Post from parents of children with eczema on social media³

“When your child is unwell, and you’re not sleeping, the stress becomes overwhelming.”

Post from parents of children with eczema on social media³



The effects do not end the following morning: **tiredness can affect children's concentration and participation at school, while parents must balance exhaustion with work and caring responsibilities.**^{3,10}

James shared how his son's scratching and fidgeting at school could be interpreted as naughty behaviour by his fellow classmates. He said:

"He's now seen as a disruptive child... not for being disruptive, but just for having a chronic skin condition."

46%

of parents and carers of young people with eczema report difficulties concentrating at school as a result of their condition.¹

28%

Corroborating this, **28% of parents posting online described seeing their child's eczema as impacting their school participation, friendships and confidence.**³

5wks

One parent posted that: ***"Since January this year, my 12-year-old son has not completed a whole week at school."*** Some carers have reported **up to five weeks of learning** missed for children experiencing the most severe forms of the condition.^{1,3}

84%

In our survey, **84% of dermatology HCPs identified reduced participation in school or activities as the most commonly observed psychological impact** of the condition on individuals.⁴

The physical symptoms, sleep disturbance, and impact on education all culminate to negatively impact the **mental wellbeing** of children living with eczema and their families:

- **79% of HCPs reported regularly seeing low self-esteem and body image concerns, and 74% reported commonly observing anxiety, low mood, social withdrawal and isolation.**⁴
- Parents online also repeatedly describe the emotional impact of eczema, discussing children becoming self-conscious, withdrawing from friendships and being bullied because of their skin.³ One parent posted that ***"[Her] daughter starts secondary school this year, and she's so self-conscious because of her eczema."***³

"In our most recent annual evaluation of the families that receive support from us, 80% of parents reported that the mental wellbeing of their child is their biggest concern. 65% said they were worried about their own mental health too."

Suzi Holland, Chief Executive
of Eczema Outreach Support

On top of this, children living with eczema have a heightened risk of developing other allergy-related conditions, each bringing its own symptoms as well as long-term health and wellbeing impacts.⁶

- Over 90% of children with eczema live with at least one other “atopic” condition, such as food

allergies, allergic rhinitis, or asthma. Among children with severe eczema, that figure rises to around 60% for asthma alone.^{5,6}

- The encouraging news is that managing the first condition appropriately may reduce the risk of others developing.⁶

In summary, if a child’s eczema is not properly managed, including slow access to the right treatments, the impact of the condition can compound and worsen over time.^{1,5} It is vital that care pathways across the country are consistently getting patients to the right service at the right time – but that’s not always happening.^{11,12}



Existing barriers to delivering optimal care

Most children with eczema are managed in primary care.^{2,13} The National Institute for Health and Care Excellence (NICE) sets clear guidance. Children should be referred urgently (within two weeks) to a specialist dermatologist if they have not responded to “optimal topical therapy” within one week.¹⁴ Non-urgent referral is recommended in several other circumstances, including where management has not controlled the eczema satisfactorily, the atopic eczema is causing significant social or psychological problems for the child or their parents or carers, or the child or their parents or carers may benefit from specialist advice on how to apply treatments.¹⁴

Yet, roundtable participants agreed that the reality does not match the guidance and the speed at which children progress through to specialist dermatology services varies significantly across the country. Four interconnected barriers were identified as limiting timely, equitable and specialist-led care across England.

The true burden of paediatric eczema is under-recognised

Roundtable participants agreed that one of the greatest barriers to improving paediatric eczema care is that the condition continues to be underestimated.

Eczema is still too often viewed as ‘just a skin condition’, despite the significant physical, emotional and psychosocial burden it can place on children and their families.

Failure to recognise the full impact of eczema has real consequences. It might delay treatment reviews and referrals for specialist support.¹⁴ It could also mean that investment in services and system improvements is overlooked because eczema is perceived as less burdensome than other conditions.

“The GP just kept giving us different creams without really helping.”

Parent of child with eczema in online post³

There was also consensus that greater awareness is needed of eczema’s cumulative nature. Participants highlighted the importance of eczema being accurately recognised as a chronic inflammatory disease that may be associated with the development of other allergy-related conditions. This would reinforce the value of timely disease control and specialist management where appropriate.

This lack of recognition of burden is experienced by families. Four in ten online discussions by carers about their child's eczema referenced difficulties accessing appropriate healthcare, with many carers describing the need to repeatedly advocate for referral themselves.³

The extent of challenges in accessing care is concerning and stands against national quality standards, which state that referral of children with uncontrolled or unresponsive eczema should not depend on parents' ability to advocate for referral.¹⁴ Participants agreed this creates inequity, disadvantaging families who are less confident and knowledgeable about navigating the healthcare system.

“Families often tell us that they spend years trying to convince people just how serious their child's eczema is. By the time they reach specialist care, many are exhausted, not just by the condition itself, but by having to fight to be heard.”

Suzi Holland, Chief Executive
of Eczema Outreach Support

Ultimately, participants agreed that improving recognition of the true burden of paediatric eczema is fundamental to improving clinical decision-making, transforming services, and ensuring children receive the right care before the impact of the disease compounds.

Patients who should be referred to a specialist are often kept in a cycle of repeated primary care appointments

Nearly half of families (46%) report at least two annual GP appointments related to their child's eczema. Almost one fifth (19%) attend six or more times annually.¹

Experts noted that a significant number of patients see their GP many times before being referred, if ever. They highlighted that there is considerable variation in what clinicians recognise as uncontrolled eczema and the perceived triggers for when referral is appropriate.

While national guidance exists, participants felt it is interpreted inconsistently, resulting in different referral thresholds depending on where a child is seen and by whom.

It was agreed that delays in GPs' decisions to refer to specialist dermatology services prolong the burden and stress on children and their families. In some cases, this leads to many years of cycling through different treatment options before escalation is considered. 39% of posts online from parents about their child's eczema referenced this “trial and error” treatment trend, with one parent writing: *“After many visits to the doctors, with numerous creams and treatments, we are really struggling to find anything to help”*.³

“The best summary of this is being on a hamster wheel – going to the GP, not really getting listened to, and going back and back without hope of an escalation out of this pathway.”

Professor Adam Fox, Paediatric Allergist,
Guy's & St Thomas' NHS Foundation
Trust and meeting chair



Attendees felt strongly that assessing for uncontrolled disease should extend beyond assessing the appearance of the skin alone. Persistent sleep disruption, repeated infections, declining mental wellbeing, educational impacts and lack of improvement from various treatment options should all contribute to the decision about whether specialist referral is required.¹⁴ Many parents posting online feel their concerns around sleep loss, emotional wellbeing and daily impact were not fully recognised by GPs.³

There was strong agreement that specialist care is about much more than access to advanced treatments. It also gives children and families access to expert advice, a full assessment of the impact of the condition, and tailored support to manage at home and school.¹⁴ Participants felt these wider benefits are not always recognised.

“The specialist is the first person who really listened to us.”

Parent of child with eczema
in online post

Overall, attendees agreed that a new and improved national referral pathway and criteria, as well as greater confidence among primary care clinicians in recognising uncontrolled disease, would help ensure referral decisions are driven by patient need rather than subjective decision-making.

Even when referred, children are often waiting a significant amount of time to see a specialist

Demand for specialist paediatric dermatology care exceeds available capacity.¹⁵ This leads to long waiting times, uneven access between areas, and children remaining in primary or community services that may not have the expertise or prescribing capability needed to manage children with moderate-to-severe eczema.^{1,4,11} The result is a postcode lottery, with available waiting-time data illustrating how sharply children’s experiences can differ:

- Paediatric and adult patients referred to a dermatology service in Durham and Darlington NHS Foundation Trust will wait an average of 10 weeks for their first dermatology specialist appointment.⁷
- Whereas paediatric and adult patients referred to a service in Bolton NHS Foundation Trust will wait on average nearly twice as long: 19 weeks.⁸
- In some locations in the Devolved Nations, first appointments for paediatric and adult patients can take longer than a year.¹

“Referral barriers and delays to specialist care are a huge problem.”

Suzi Holland, Chief Executive of
Eczema Outreach Support

Children with eczema in certain areas of England are much more likely to face waits of more than 18 weeks to access specialist appointments than others.

- Nearly 10% of children with eczema in Mid and South Essex ICB are waiting more than 18 weeks for a specialist appointment, where less than 1% of children in Frimley ICB are waiting as long for the same.¹¹

This data also reveals significant variation by degree of deprivation: there were nearly twice (1.8) as many children waiting more than 18 weeks for a specialist outpatient appointment in the most deprived areas compared to those in the least deprived areas.¹¹

An overwhelming majority (92%) of the HCPs who responded to our survey agreed with this view, identifying long waiting times as the most significant bottleneck in the current referral pathway between primary and secondary care.⁴ In some ICBs, only half of all patients receive treatment within 18 weeks of referral.¹¹ Fewer than one in ten surveyed specialists said children typically reached escalated or specialist treatment within three months, while almost one in five reported waits of more than a year.⁴

“We have only seen private dermatologists. NHS lists are over 18 months.”

Parent of child with eczema
in online post

Roundtable participants identified workforce capacity as a key driver of low and unequal access to specialist care. The British Association of Dermatologists (BAD) has stated that short-term solutions like outsourcing management to non-permanent members of staff is destabilising services and compromising patient care.¹⁵

Even when a patient gets to see a specialist, workforce capacity challenges mean the clinician's time is stretched thin. Specialist dermatology clinical representatives at the roundtable were concerned that they were not always able to explore all aspects of the treatment journey to date and the true impact of the eczema in their clinical assessments, because of a lack of time. This is particularly concerning as this full picture shapes decision-making on treatment.¹⁴

“There's never enough time to unpick the patient's story and their challenges thoroughly. It's hard to do someone justice in a 15-20 minute slot.”

Dr Alpa Kanji, Consultant
Dermatologist

Increasing the specialist dermatology workforce is a critical medium/long-term requirement. As a short-term solution, roundtable participants agreed that innovative ways to spread specialist knowledge and unblock waiting lists are needed.

Managing eczema is a shared responsibility, yet families too often receive fragmented advice

When the numerous parties responsible for the management of a child do not communicate well or work to a shared management plan, adherence to treatment can drop and opportunities for escalation may be missed.

Children with eczema receive care from a wide range of people, including GPs, practice nurses, dermatology specialists, pharmacists, psychologists, families and schools. Specialist dermatology services play a particularly important role in leading best-practice care, with parents and carers reporting a better sense of support after seeing a dermatology specialist than after seeing a GP.¹

- Nearly three-quarters (72%) said they had a better understanding of how to use their child's treatments after a specialist appointment, compared with 56% after a GP visit.¹
- They were also almost twice as likely to receive a clear treatment plan to use at home (67% vs 24%).¹

Coordination and communication between these parties underpins effective care, but participants noted that this is not yet happening as standard practice. HCPs surveyed also recognised this challenge: over half said they were frustrated by inconsistent advice, and many (39%) identified a lack of clear information about what families should expect from the NHS.⁴

Roundtable participants recognised this lack of clear information on at-home management as particularly consequential for a child sticking to their treatment regime. Without written advice in a personalised management plan, families and others involved in the management of a child may not be able to remember how or when to administer treatment, what signs of deterioration or lack of progress to look out for, or when to return to their lead clinician to discuss reviewing and improving treatment.¹

Our social media listening exercise reflected this feeling of lack of oversight and uncertainty. Parents described feeling unheard in primary care settings and repeatedly receiving creams without a clear plan for what should happen next.³ Nearly 39% of posts referred to a frustrating process of trial-and-error, with families switching treatments while lacking confidence about what to try next or when to seek escalation.³

“After many visits to the doctors, with numerous creams and treatments, we are really struggling to find anything to help.”

Parent’s post in social media listening exercise

Participants felt that it was critically important that arrangements are made with children’s schools and teachers to ensure treatment plans are followed consistently and the burden lifted on parents to lead this during the school day.

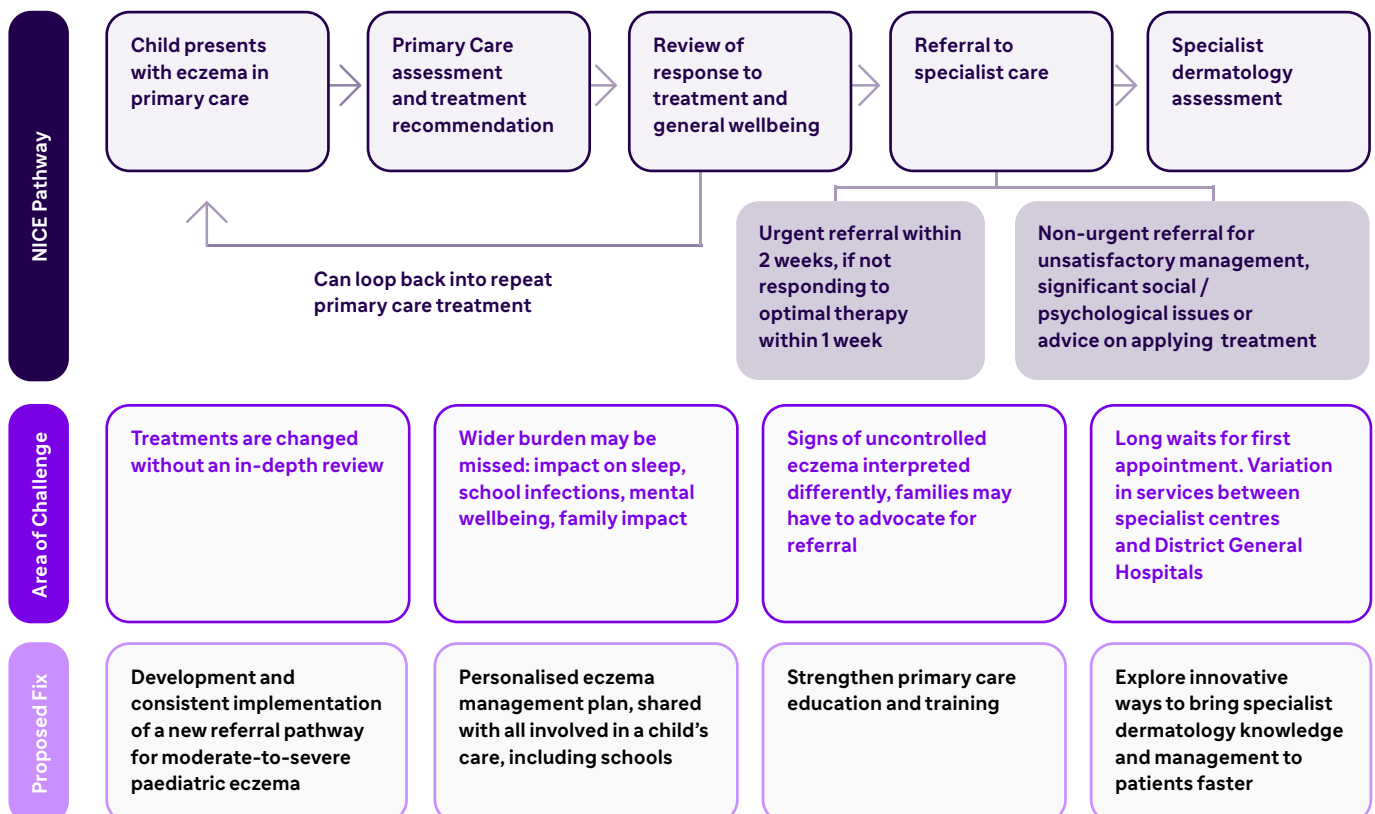
“A lot of parents tell us that they have to give up their jobs because they have to go into school and apply the emollients on a regular basis. It varies from school to school. There doesn’t seem to be a consistent approach.”

Suzi Holland, Chief Executive of Eczema Outreach Support

It is important that this coordination extends beyond healthcare settings and into children’s daily lives: schools are a key part of this.

It was agreed that high-quality eczema care depends not only on access to specialist management, but also on clear management plans and communication between those responsible for the day-to-day management of the child.

Paediatric eczema referral pathway



The content summarised and visualised above is based on discussions by roundtable attendees on the current referral pathway and challenges within it.

Recommendations for improving paediatric eczema care

Roundtable participants agreed that coordinated, system-wide action is needed to deliver meaningful improvements to paediatric eczema care. No single intervention alone will address the inconsistent care that does not meet the child's needs, as experienced by some children and families.

Progress on tightening the referral pathway across the country, improving recognition of uncontrolled disease, educating on the full impact of eczema on patients and their families, and supporting more joined-up care across those involved in the care of a child, will all contribute to much-needed progress.

The recommendations below reflect the key areas of consensus identified during the discussion and set out practical actions for policymakers, commissioners, providers and HCPs to ensure equitable, consistent and timely access to specialist care across England.

1. Development and consistent implementation of a new referral pathway for moderate-to-severe paediatric eczema

- A new referral pathway should be created in partnership with clinical and patient experts, supported by clear clinical guidance and decision-support tools that define when referral to specialist care is appropriate. This would improve consistency in clinical decision-making and ensure children are referred according to clinical need rather than local practice.
- The new pathway should be set as the commissioning standard by ICBs across the country, with ICBs ensuring that the clinical guidance on what should trigger a specialist dermatology referral, is passed onto primary care clinicians.
- To support oversight of improvements in referrals, paediatric dermatology referral-to-first-appointment times should be reported separately from adult and presented in NHS data as a separate data set.

2. Greater use of personalised eczema management plans and sharing of advice with schools

- The 10-Year Health Plan identified improvements in self-management as a critical component of efforts to improve healthcare in England by reducing burden on the system, when appropriate.¹⁶
- A patient's lead clinician should ensure every child has a bespoke plan, created in partnership with their carer. This should be shared with relevant family members, schools and all professionals involved in the child's care, to help improve confidence in self-management, reduce variation in advice, improve treatment adherence and support earlier recognition of when treatment needs to be escalated.
- Given the importance of schools in the management of children with eczema, national guidance for schools and teachers should be developed by the Department of Health and Social Care (DHSC) and the Department for Education (DfE), in collaboration with dermatology professionals, patient advocates and teachers.
- Provision of a self-management plan should be noted in patient records, to support data collection on the number of patients receiving this.

3. Strengthen primary care education and training

- Refreshed medical education modules should be championed by DHSC to increase understanding of eczema as a chronic inflammatory disease with the potential to prompt new allergic conditions, the cumulative burden it places on children and families, and the clinical indicators that should prompt treatment escalation or referral.
- Primary care professionals should be given more opportunities by their surgery and primary care network (PCN) to participate in education and training opportunities on paediatric eczema. This may improve confidence in recognising uncontrolled disease, understanding when escalation is appropriate, and delivering consistent, evidence-based advice.
- Regular reporting from surgeries to the relevant DHSC team should be put in place to ensure oversight of training opportunities given to and taken up by primary care professionals.

4. Explore innovative ways to bring specialist dermatology knowledge and management to patients faster

- Models of care that bring specialist oversight to patients via different routes, and free up specialist capacity, could support the acceleration of access to specialist care. This would in turn support the NHS' efforts to recover elective care, and align with the shift of care out of hospital and into the community, via the new neighbourhood health framework.¹⁷
- Initiatives such as shared care agreements with community clinicians for patients who have had their first appointment with a specialist, clinics in community health centres, regular meetings between a PCN team and a specialist to review cases, and greater use of digital tools should all be considered by commissioners and providers.
- A best practice case study gathering exercise should be undertaken to learn from and share initiatives such as these in future.

Moving from consensus to action

Children with uncontrolled moderate-to-severe eczema continue to experience unacceptable variation in how quickly they are recognised, referred and able to access specialist expertise. The barriers and associated recommendations set out in this report provide expert-led insights on the focus areas that should be prioritised to transform care for children with eczema for the better. Translating this consensus into coordinated system-wide action is the critical next step.

We are grateful to the multi-disciplinary clinical, patient group and system experts who took the time to attend and contribute their insights to the June 2026 roundtable.

References

1. Eczema Outreach Support (EOS). Time for Change: The Impact of Eczema on Children, Young People and Their Families. 2022. Available at: <https://eos.org.uk/wp-content/uploads/2022/03/Time-for-Change-Report.pdf> (Accessed September 2026).
2. Cork, M. et al. Atopic dermatitis epidemiology and unmet need in the United Kingdom. The Journal of dermatological treatment, 2020;31:801-809. Available at: <https://doi.org/10.1080/09546634.2019.1655137>. (Accessed September 2026).
3. Sanofi Data on File (2026). Methodology: These insights are based on an analysis of publicly available UK-focused online conversations about childhood eczema between May 11 2025 – May 11 2026. They reflect the themes, concerns and language that appeared in the analysed posts and comments. They should be interpreted as qualitative social listening insights rather than representative evidence of all families affected by childhood eczema. This research was commissioned by Sanofi and Regeneron.
4. Sanofi Data on File (2026). Methodology: Online survey conducted in April – May 2026 by Sermo, independent market research agency. 38 healthcare professionals involved in the care of paediatric eczema participated, including 33 dermatologists and 5 nurses from across the UK. This research was commissioned by Sanofi and Regeneron.
5. Weidinger, S et al.. Burden of atopic dermatitis in paediatric patients: an international cross-sectional study. The British journal of dermatology, 2024;190:846-857. Available at: <https://doi.org/10.1093/bjd/ljad449>. (Accessed September 2026).
6. Hill, A et al. The Atopic March: Critical Evidence and Clinical Relevance. Annals of Allergy, Asthma & Immunology, 2018;120:131-137. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC5806141/>. (Accessed September 2026).
7. County Durham and Darlington NHS Foundation Trust (2026). My Planned Care. Available at: <https://www.myplannedcare.nhs.uk/ne/durham-darlington/> (Accessed September 2026).
8. Bolton NHS Foundation Trust (2026). My Planned Care. Available at: <https://www.myplannedcare.nhs.uk/nwest/bolton>. (Accessed September 2026).
9. Allergy and Asthma Network (n.d.). What is Moderate to Severe Eczema? Available at: <https://allergyasthmanetwork.org/what-is-eczema/moderate-to-severe-eczema/> (Accessed September 2026).
10. APPGs (2020). 'MENTAL HEALTH AND SKIN DISEASE'. Available at: <https://www.appgs.co.uk/mental-health-and-skin-disease-report-2020/> (Accessed September 2026).
11. Sanofi (2024). Data on File: Dermatology Waiting Times.
12. de Lusignan S, et al.. Patterns and trends in eczema management in UK primary care (2009-2018): A population based cohort study. Clinical and experimental allergy: journal of the British Society for Allergy and Clinical Immunology, 2021;51:483-494. <https://doi.org/10.1111/cea.13783>. (Accessed September 2026).
13. Getting It Right First Time (GIRFT) (2021). Dermatology GIRFT Programme National Specialty Report. Available at: <https://gettingitrightfirsttime.co.uk/wp-content/uploads/2021/09/DermatologyReport-Sept21o.pdf> (Accessed September 2026).
14. National Institute for Health and Care Excellence (NICE). Atopic eczema in under 12s: diagnosis and management (CG57). London: NICE; 2007. Updated September 2025. Available at: <https://www.nice.org.uk/guidance/cg57> (Accessed September 2026).
15. British Association of Dermatologists (2024). BAD Workforce Census Report. Available at: <https://cdn.bad.org.uk/uploads/2024/09/10155802/BAD-Workforce-Census-Report-Sept-24.pdf> (Accessed September 2026).
16. DHSC, 10 Year Health Plan for England: fit for the future. Available at: <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future> (Accessed September 2026).
17. DHSC, Neighbourhood Health Framework. Available at: <https://www.gov.uk/government/publications/neighbourhood-health-framework/neighbourhood-health-framework> (Accessed September 2026).

Notes









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MAT-XU-2603141 (v3.0) | Date of Preparation: September 2026