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NOTHING ABOUT SKIN IN THE NEW GP CONTRACT!

We are now able to see what is envisaged in the proposed new General Medical Services contract. It is fascinating to read that it defines essential services as: *'Management of those who are ill or who believe themselves to be ill with conditions from which recovery is generally expected, for the duration of that condition, including relevant health promotion advice and referral as appropriate, reflecting patient choice wherever practicable'*. The definition also includes the general management of the terminally ill and the acute management of chronic disease.

There is no mention of the general management of chronic disease, which seems odd particularly in view of the discussions over nurse led clinics and the opportunities for these to provide long term support for people with chronic diseases. Odder still is the list of 'accountable clinical areas' – ischaemic heart diseases and left ventricular dysfunction, hypertension, diabetes, stroke and transient ischaemic attack, hypothyroidism, asthma, epilepsy, chronic obstructive pulmonary disease (COPD), mental health and cancer.

Move towards primary care

Given that skin diseases represent between 15 and 20% of the average GP's workload and that there is a concerted and widely supported drive towards having more dermatology done in primary care, it is very disappointing that there is no mention of skin diseases in the new contract, either implicitly, by reference to the general management of chronic conditions, or explicitly, amongst the accountable clinical areas.

Skin disease compares with angina

Evidence outlined in all the reports of the All Party Parliamentary Group on Skin since 1997 indicates that skin diseases are rarely taken as seriously as they should be by the public, by health professionals who do not specialise in dermatology or by those who oversee and manage health service delivery. This is reflected as well in the lack of training in skin diseases for health care professionals. All our members of the Skin Care Campaign are well aware that diseases like bullous pemphigoid, ectodermal dysplasia, Ehlers-Danlos syndrome, ichthyosis, leg ulcers, pressure ulcers, lupus, lymphoedema and neurofibromatosis can be extremely debilitating. There is good research evidence to show that, in

severe cases (of which there are many), inflammatory diseases such as eczema, psoriasis and acne can have as serious an effect on the quality of peoples' lives as conditions like angina and diabetes.

Skin diseases could be neglected

The payment-by-results approach will encourage practices to look into employing their own specialists and dermatology is clearly seen as an area ripe for such developments. So there is concern that the advent of the GP with a special interest in dermatology will be seen by other GPs and trainee GPs as an excuse for continuing to

neglect their own dermatological educations. That would be wholly unacceptable because, were it to happen, the already very long out-patient dermatology waiting times in secondary care would simply be transferred into primary care.

The Skin Care Campaign will continue to express our concerns about these issues and to question the decision makers about what will be done to rectify the omission of skin diseases from the new GP contract.

Lynette Stone CBE

Chairman, Skin Care Campaign

ACTION ON DERMATOLOGY

Almost all funding for the Action on Dermatology (AOD) Programme ended at the end of March. I say 'almost all' because, following strong representation by the All Party Parliamentary Group on Skin, the British Association of Dermatologists and the Skin Care Campaign, the government has undertaken to continue to provide a modest amount of funding for one vital purpose.

A quiet revolution

It is widely recognised that the creation of the AOD programme, the appointment of Nick Evans as its director and the development of the AOD Task Group revolutionised the relationship between patients, health professionals and the industry on the one hand and the Department on the other. From what was frankly a 'non-dialogue' in which we found it very difficult to stir any government interest in dermatology at all, and in which the government can only have seen us as a fractious irritant, we suddenly found ourselves engaged in continuous and constructive discussion with the AOD team, with our views being taken seriously.

A welcome continuum

So keen were we that this should continue that we lobbied hard for the AOD Director's post to be made permanent when other funding for the AOD programme ceased. When we reiterated our arguments at the joint APPGS, BAD, SCC meeting with Minister of State for Health, John Hutton, in October last year, we were rewarded with an assurance that the post would be continued. Subsequently, we were informed that Andrew Irvine had been appointed to it. As a bonus, we learnt that Nick Evans was to be promoted to become Director of all 'Action on' programmes – there are currently some seven

in all, four of them completed and three more under development.

Andrew has responsibility solely and specifically for maintaining the momentum of the AOD programme. In each of the twenty eight Strategic Health Authorities (StHAs) there is to be an Action on Lead whose job it will be to facilitate the roll-out of all Action on programmes – including at present Dermatology, ENT, Ophthalmology and Cataracts and Orthopaedics; and in the near future General Surgery, Plastic Surgery and Urology; and herein lies the rub.

Competition for funding

Famously, seventy five percent of all NHS funding is being devolved to the front line. Here, the world and his dog will be competing for a slice of the cake, and dermatology will be competing for cash with heavyweights such as those implementing National Service Frameworks and with specialties like orthopaedics which have even longer waiting times than ours.

There is no magic wand that can be waved to ensure that dermatology gets the funding it needs, but it can certainly do no harm for those involved with dermatology locally to get to know and to befriend the Action on leads in their StHAs, and to make sure the leads understand the significance both of skin diseases and of dermatology. The All Party Parliamentary Group on Skin's report on skin cancer services, published in February this year, and its report of the psychological and social consequences of skin diseases, scheduled for publication in June may both be helpful in this context.

Peter Lapsley

Chief Executive, Skin Care Campaign

THE ROLE OF NON-CONSULTANT CAREER GRADE DOCTORS (NCCGS) IN DERMATOLOGY

Dermatology has a workforce crisis

There are a large number of consultant vacancies and patients are having to wait a considerable time to get a hospital clinic appointment. New community posts are being created called GPs with Special Interests (GPSIs). However, due to their other commitments most of these GPs are only able to work one or two sessions a week so are unlikely to make a significant improvement in waiting lists.

There are many other doctors working in dermatology in grades called Non-Consultant Career Grades. The term NCCG includes the grades Associate Specialist (AS), Staff Grade (SG), Clinical Assistant (CA) and Hospital Practitioner (HP). Many ASs and SGs do many clinical sessions a week and see a large number of new and follow up patients. They are not GPs and have devoted their career to dermatology often choosing these grades as they fit in well with family life. Many CAs and HPs are GPs and do one or two sessions a week. Due to their large numbers they make a significant contribution to secondary care dermatology. Some CAs however are not GPs and build up their sessions in time.

Dermatology sessions could be increased

The majority of NCCGs are very experienced. They are puzzled that in all the 'The Action on Dermatology' discussions no one has come up with the idea of changing or extending their role in dermatology. They feel that existing NCCGs should be encouraged to increase their sessions by improving pay. They also think doctors out of medicine should be attracted into dermatology to enlarge the workforce.

GPSIs are often paid far more than NCCGs and it's not surprising some NCCGs are leaving secondary care to work in these better paid community jobs. While some people feel dermatology is best done in the community, they forget that many patients need further investigations and treatment such as patch testing and phototherapy, which needs to be done in secondary care. Most dermatologists prefer to work as part of a hospital team rather than working in isolation in the community.

Plans to increase the Dermatology Workforce

The British Association of Dermatologists (BAD) has set up a working party for NCCGs, and Alan Marsden (President) and Meg Price (President Elect) are being very supportive. A group of eight ASs and SGs have met Meg Price at BAD House on two occasions and are building up a database and discussing career progression and improved education for these grades.

So far over 500 NCCGs (about 60 ASs, 60 SGs, 60 Non-GP CAs and 400 GP CA/HPs) have been identified. They are doing over 1400 clinical sessions and without them secondary care would probably come to a halt. There are likely to be many more and we are continuing to look. It's only when the actual number of doctors working in dermatology is known, can the future workforce be planned more efficiently.

The numerous NCCG grades have varying terms and conditions and this makes it confusing. The government is planning a major overhaul of the NCCG career structure. This may help some ASs to become consultants when their experience is assessed. Many NCCGs however do not wish to become consultants but feel there need to be major improvements in their jobs. There are many anomalies and unfairness in their pay structure. Others have an excessive workload and are seeing far more patients than is recommended. There needs to be more teaching and training. Some NCCGs don't get paid study leave and expenses. They want to be included in workforce discussions. When they read Action on Dermatology literature, the BAD Newsletter, the All Party Parliamentary Group on Skin Reports and the Skin Care Campaign Newsletter they want to see some mention of their grades.

It's not all doom and gloom however. NCCGs love dermatology and have endured all the problems and remained loyal. Many have worked in dermatology for many years. They are not failures. Many are very experienced but have chosen their grade as it fits in better with their other commitments. Many prefer patient contact to the increasing management responsibilities that consultants have.

NCCGs just want their contribution to dermatology recognised and their existence acknowledged. The Royal College of Physicians now has its own Standing Committee for NCCGs and the BAD has an NCCG Working Party. The Department of Health held a conference to discuss the future of NCCGs in February 2003, to which I was invited and the Skin Care Campaign has given me this opportunity of spreading the word about our existence. Things are moving forward and I personally think this is not only good for NCCGs but for dermatology as a whole. I would personally like to thank Peter Lapsley for giving me the opportunity of writing this article.

Sue Jackson
Associate Specialist in Dermatology

LOOKING AHEAD

In the last issue of *Campaign News*, Skin Care Campaign Chairman, Lyn Stone, explained the background to the Skin Care Campaign's Future Dermatology Services working group and its remit. We have moved on rapidly since then and are encouraged by the favourable reception being given to the working group's position paper, setting out the Campaign's vision for the future of dermatology services in the UK, identifying the changes that will need to be made if it is to be achieved and proposing means of effecting those changes.

Developing the Vision

Chaired by SCC vice chairman, Nigel Scott, the working party held its first meeting in January this year and a paper developed from that meeting was discussed at the SCC Forum on 30 January. The Forum meeting's comments having been incorporated into the paper, the working party then held a second and final meeting in March to consider what might be done to translate the paper's aspirations into actions – to achieve real improvements in dermatology services.

The final version of the *Future Dermatology Services* position paper will be combined with the SCC *Priorities, Activities and Interests* paper, which has been reviewed annually for the past three years or so, and a review of the combined paper will be the major agenda item for the Forum meeting on 29 May. The position paper will be published in June the *SCC Directory 2003/04*.

Pressing ahead

In the meantime, we are keen to maintain the momentum and are already pressing ahead with several of the *Future Dermatology Services* position paper's action points.

Ash Communications Healthcare are working with the Department of Health's Action on Dermatology Team to promote the *Action on Dermatology Guide*, especially to GPs and Primary Care Trusts, and we shall be similarly supportive of the framework for GPs with a Special Interest (GPwSI) in dermatology. While publication of the GPwSI framework has been delayed slightly, both documents are generally agreed to be excellent and to have the potential to improve dermatology services very substantially.

More consultant dermatologists

A point made strongly in the position paper is that the target of 874 consultant dermatologists by 2009, agreed by the Government's Workforce Numbers Group, should be seen as a minimum requirement. The SCC has been strong in its support for the BAD's efforts to have National Training Numbers (NTNs) increased for dermatology. We therefore welcome warmly the government's recent agreement to the establishment of 20 new centrally funded NTNs for dermatology in England in 2003/04 along with 20 new unfunded ones. This is the number the BAD asked

for. It is, however, no more than 'a good start'; more will be needed, and on a recurring basis, and the SCC will continue to reinforce the BAD's arguments for further increases in NTN numbers.

Dermatology training for health professionals

It is not surprising that the position paper places great importance on dermatology training for health professionals, especially those in primary care – GPs, primary care nurses and pharmacists. The almost complete lack of any such training is the greatest single obstacle to any significant improvement of dermatology services.

We are delighted that the All Party Parliamentary Group on Skin will be conducting a second enquiry into dermatology training for health professionals later this year.

In the meantime, we have arranged a meeting early in June with Professor Stephen Field, Chairman of the Royal College of General Practitioners' Education Network, to explore ways in which the GP curriculum may be adjusted to reflect the proportion of GP time spent on dermatology (around 15–20%). We shall also discuss with him the possibility of introducing GP certification in dermatology comparable with the certification for, as examples, child health surveillance and minor surgery.

As was mentioned in the last issue of *Campaign News*, we are collaborating closely with the British Dermatological Nursing Group in the development of a truly excellent dermatology training package for primary care nurses, and we shall be seeking government funding both for production of the package and for the time primary care nurses will need in order to complete it.

And, with Dr Christine Clark, the Royal Pharmaceutical Society's representative to the SCC, we shall be discussing ways in which pharmacists may be persuaded to undertake the Centre for Pharmacy Postgraduate Education's laudably coherent and robust dermatology module.

...and finally

It is particularly gratifying that the Department of Health (DH) and the National Health Service Executive (NHSE) have arranged a meeting to discuss our *Future Dermatology Services* position paper with us, to agree how we may take it forward together and to ensure that it meshes with the work that will be done by the Long Term Medical Conditions Care Group's Dermatology Committee, which is to be chaired by Dr Mark Goodfield and on which the SCC will be represented. Only through collaboration of this sort may we hope to make real progress. We shall report the outcomes from the meeting in the August issue of *Campaign News*.

Peter Lapsley
Chief Executive, Skin Care Campaign

GUIDELINES FOR HYPERHIDROSIS

Treatment and referral guidelines for hyperhidrosis (excessive sweating) have recently been developed and published in the February edition of "Guidelines" – a publication summarising clinical guidelines for primary care.

Hyperhidrosis is a condition believed to affect up to 1% of the population, with a significant effect on patients' quality of life. Conventional treatments (aluminium deodorants) can be effective and for severe patients, surgery remains an option. The recently published guidelines cover all current

alternatives, highlighting the recommended steps for primary and secondary care physicians.

Allergan Ltd (manufacturer of Botox®, licensed for severe axillary hyperhidrosis) and STD Pharmaceuticals (suppliers of Iontopheresis machines) supported the development of these new guidelines through a multidisciplinary working group chaired by Dr Nick Lowe, Consultant Dermatologist.

For a summary copy of the guidelines, please contact Allergan on 01494 427021 or by email (walker_jennifer@allergan.com) or visit the weblink: www.knowsweat.info.

THE ALL PARTY PARLIAMENTARY GROUP ON SKIN (APPGS)

The All Party Parliamentary Group on Skin (APPGS) has had an eventful few months, which saw the launch of the Report into the Treatment, Management and Prevention of Skin Cancer and the Group's first Annual Address. The Group also continued to collate evidence for its Enquiry into the Psychological and Social Consequences of Skin Disease.

The APPGS's Annual Address took place on 12th February 2003 and was followed by a reception in Portcullis House. The meeting was well attended and Dr Allan Marsden, President of the British Association of Dermatologists (BAD), gave an excellent and very informative presentation entitled, 'Thirty Years in Dermatology: Patients, Politics and Progress'. Dr Marsden outlined the changes and improvements that had taken place in the field of dermatology in the last thirty years, with particular reference to changes in treatments for various skin conditions. He emphasised the desperate need for dermatology to gain a higher profile in the NHS in order to secure improvements and for issues around manpower and training in dermatology to be addressed. The Annual Address was a great success and as a result we hope to make it a regular event.

The Report into the Treatment, Management and Prevention of Skin Cancer was launched on 17th February 2003 and received excellent press coverage. The Group obtained a good amount of evidence from consultant dermatologists, nurses, GPs and other stakeholders and a number of concerns were reiterated in the submissions. Given the rising incidence of skin cancer, almost every submission highlighted the need for a sustained sun awareness campaign, which had been largely discontinued

following the dissolution of the Health Education Authority.

The report set out a number of recommendations on how to improve the treatment, management and prevention of skin cancer. These included the need for an audit and assessment of the two-week wait rule for skin cancer, an increase in the number of dermatologists and clinical nurse specialists in skin cancer and sustained funding for a comprehensive and coherent national sun awareness campaign. The Group will now work to communicate the conclusions of the report to politicians and key policy makers.

The specialist advisory group for the current Enquiry into the Psychological and Social Consequences of Skin Disease has been sifting through the evidence received and discussing the key findings from the submissions. The Group has received an overwhelming amount of evidence. Approximately 250 pieces of evidence have been submitted, including a number of academic papers and studies, as well as responses from patient organisations and letters from individual patients or carers. The evidence has been very informative and in some cases quite distressing. The large response to date demonstrates the importance of the issues being addressed in the enquiry. The Group plans to publish the report in June. If you are not a member of the APPGS and would like details of how you can obtain a copy of the report, please contact the APPGS's Administrative Secretary on tel: 0207 591 4830; fax: 0207 591 4831; email: natalie.delima@portcullisresearch.com.

Natalie de Lima
Rebecca Winter

PATIENT GROUP FOCUS: Support For People Affected by Eczema



The National Eczema Society exists to provide support to everyone whose life is affected by eczema.

Not lacking in ambition our goal is to eliminate the affects of eczema. In working towards that objective we:

- provide information and support: to patients, family members, carers and health care professionals, on line, by phone and email, running information events and maintaining a network of local support groups;
- provide training for professionals, often working in partnership with, for example, the British Dermatology Nursing Group (BDNG), Royal Society of Medicine (RSM) and Centre for Pharmacy Postgraduate Education (CPPE);
- fund a rolling programme of PhD studentships, so ensuring interest in eczema research as well as providing hope for the future;
- have undertaken social research into the needs of people with eczema to inform our ongoing service provision.

We are continually working to raise awareness of just what it can be like to have eczema and the support we can provide. With a target audience of over 5 million this is a challenge. But these are exciting times for those of us with eczema. At last there are signs that the condition is being taken more seriously. There is still a lot to do. With such a complex and multi factorial condition, which can be a very different experience for everyone, time and access to good quality information and support when needed is critical. Recognising this and the role we can play, the National Eczema Society has worked hard to improve and enhance its services and out-reach.

The Society has this year extended its patient helpline hours to 9am –5pm and greatly increased capacity. We now successfully answer over 95% of calls and have scope to take more. We are updating and completely redesigning our website (www.eczema.org) to provide more information in a readily accessible way. In March the Society launched an e-mail response service (helpline@eczema.org) to provide an alternative way for people to access our information. Our patient telephone and e-mail helpline are open to members and non-members of the Society alike. We follow up calls by sending out written information backing up the initial response.

In fact it's been 12 months of breakthroughs and progress as National Eczema Week, September 2002 saw the launch of the Society's Professional Membership Scheme. Launched in response to demand for more information about eczema from healthcare professionals, the scheme provides detailed information and support for healthcare professionals; alongside a dedicated professional members' telephone and

e-mail response service. Professional members also have access to our new professional members' website (www.eczemapro.org). The site contains all our literature, patient and professional focussed, in downloadable form (also available in hard copy form). Our information sheets and booklets cover a very wide range of topics: from the basic to the quite specific. Our patient information is designed for people with eczema and their carers and answers the questions they ask us. All our literature is quality assessed by reference to a review process through the Society's Scientific Committee. We believe that the Professional Membership Scheme will develop patient and health professional partnerships that will lead to better understanding, communication and so concordance.

And what next? In June we launch our next project: "Exploring Eczema through Education". The first ever in-school charity initiative to educate children about eczema. Designed for children of three different age groups, it provides guidelines, articles and activities in lesson plan format to help teachers learn about eczema and bring the issues into the classroom in a challenging and interesting forum, which also links into the national curriculum. The enormously positive response to our trials suggest this will prove to be a successful means of encouraging the promotion of understanding of and empathy with those who have eczema, amongst teachers and children and combat some of the prejudice faced by children with eczema which can have such a lifelong impact.

Set up in 1975 in response to patient need, identifying and supporting patient needs remains the cornerstone of the National Eczema Society's role. Joining the Society means individuals and their families need not feel alone or misinformed again. Contact is provided with like-minded people alongside quarterly issues of 'Exchange', our members' journal with feature articles covering a wide range of topics from reports on the latest research projects through to information on lifestyle issues.

Without our members, patient, professional and corporate, and other supporters there would be no Society. The stronger the Society, the stronger its support systems for people with eczema become and we can speak on behalf of people with eczema with a stronger voice.

For more information about the National Eczema Society or a copy of our publications list, phone us on 0208 281 3553, fax 0207 281 6395 or look online at www.eczema.org or www.eczemapro.org (health care professional site). Or write to us at Hill House, Highgate Hill London N19 5NA.

Margaret Cox
Chief Executive, National Eczema Society

SCC ORGANISATIONS' NEWS ROUND-UP

Ichthyosis Support Group

The Ichthyosis Support Group's (ISG) 3rd National Day is to be held on Saturday 31st May 2003 at the Learning and Development Centre, Cable & Wireless, 320 Westwood Heath Road, Coventry CV4 8GP. National Days are incredibly important to the ISG as a way of providing invaluable information from medical professionals as well as the opportunity for members to meet with families in similar situations.

There will be a range of talks and workshops lined up on subjects which should be both relevant and interesting. Medical professionals will be on hand throughout the day to answer questions and children will be kept happily occupied by all the activities planned for them. For more information contact: Shelly Batt on T: 01635 253829

Skin Camouflage Network (SCN)

CCN moves forward.....

The recent change in name from the 'Cosmetic Camouflage Network' to the 'Skin Camouflage Network' is an important statement for the Network as it moves forward into its second decade, because it better reflects the professional work of its members and the service it offers to patients. Shortly SCN will be launching its own web site: skincamouflagenetwork.org.uk.

The next SCN study day will be held in Bristol at the Bristol University on Thursday 9th October 2003. The day will be centred on psychology and will be packed with guest speakers. Anyone wishing for more information can shortly contact Carol Crowther on: studydays@skincamouflagenetwork.org.uk The SCN are also celebrating their 10th year and will be holding anniversary celebrations the evening prior to the study day.

For the fifth year in succession Karen Harris was voted in as chairman at last October's AGM. The rest of the committee members comprise of: Maisie Bingham (educational), Diane Bright (help line), Carol Crowther (membership/treasurer), Diana Lewis (minutes secretary), Carol Ann Pitfield (journal editor), Valerie Ross (website co-ordinator), Ian Scott (public relations).

Tubifast Garments

From the makers of Tubifast and Epaderm comes an exciting new product launch...

Tubifast Garments are a brand-new range of clothing for children who suffer from atopic eczema. They have been designed utilising the Tubifast bandage material to make a range of vests, leggings, tights and socks for children aged between six months and 14 years. The knitted material has been made to stretch two ways and is fully washable, allowing parents an ideal solution to manage their child's condition.

It is fully acknowledged that the existing wet-wrapping technique using Tubifast bandages is very time-consuming and any parent will appreciate that trying to keep a child in one place at any one time is difficult enough – wet wrapping them is even harder. It was recognition of such issues that initiated Tubifast Garments. Tubifast Garments are suitable for dressing retention, wet or dry wrapping, and allow the child to have fully active days and restful nights.

Tubifast Garments, launched on the 12th March 2003, are available through the usual hospital networks from 1st April 2003, but can also be sourced over-the-counter with major wholesalers stocking this new product. For further information on Tubifast Garments, a range of support materials are available free of charge by calling 01565 625172.

Skin Care Campaign Launches new Website:

www.skincarecampaign.org

A useful resource for anyone with an interest in dermatology, is the new Skin Care Campaign (SCC) website, www.skincarecampaign.org, provides details of support available to those affected by skin conditions and information about the Campaign's activities

The website will be updated quarterly and the next update will be on 30th June 2003.

May 2003	June 2003	September 2003	October 2003
<p>Gloucester Skin Information Day Cancelled Due to unavoidable problems our Gloucester Skin Information Day scheduled for May 2003 has had to be cancelled</p> <p>12–16th Sun Awareness Week</p> <p>15th Tuberous Sclerosis Association Study Day for Professionals Belfast City Hospital Cost: £50 *</p> <p>22nd Tuberous Sclerosis Association Training Day for Families/Carers NCVO Centre, London Cost: £15 *</p>	<p>7th Skin Care Campaign Skin Information Day: Talbot Campus, Bournemouth University</p>	<p>13th Skin Care Campaign Skin Information Day: Percy Building, Newcastle Upon Tyne University</p> <p>20–27th National Eczema Society Eczema Week #</p> <p>20th National Eczema Society Conference, Institute of Child Health, Guilford Street, London #</p> <p>28th National Eczema Society Specialist Telephone Day 10–4pm #</p>	<p>25th Skin Care Campaign Skin Information Day: Renaissance Hotel, Manchester</p> <p>National Eczema Society Training Day for Health Care Professionals. Manchester. Cost £40#</p>

* For further information please contact: The Tuberous Sclerosis Association, PO Box 9644, Bromsgrove, Worcestershire B61 0FP. Tel: 01527 871898; Fax: 01527 579452; <http://www.tuberous-sclerosis.org/>

For further information please contact: National Eczema Society, Hill House, Highgate Hill, London N19 5NA. Tel: 0207 281 3553; Fax: 0207 281 6395.

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www.skincarecampaign.org

The Skin Care Campaign is an umbrella organisation representing the interests of all people with skin diseases in the UK. It is a subsidiary of the National Eczema Society. Registered Charity No. 1009671. It is a Company Limited by Guarantee. Registered in England No. 4181338.

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