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Forthcoming Events

Exciting developments in Scotland

The Skin Care Campaign (SCC) was formed in 1992 as an umbrella organisation representing the interests of all people with skin diseases in the UK. Since then, it has achieved remarkable success in campaigning for improvements in dermatology services. It has argued effectively for the widest possible range of treatments. It has been very active in educating health professionals, health service managers and the public about skin diseases. And it has worked energetically to promote dermatology, especially through the All Party Parliamentary Group on Skin and with the Department of Health and the NHS Modernisation Agency.

Following devolution, patient group members and clinicians in Scotland recognised that there was a need to develop a comparable organisation north of the border – a local national forum to address the requirements of people with skin disease and raise their profile with MSPs. So in 2003 Skin Care Campaign Scotland (SCCS) was established to campaign on issues specific to skin care in Scotland.

During the summer I had the pleasure of meeting with the SCCS chairman, Rosemary Gierthy, and some committee members. It was so encouraging to hear about the progress SCCS has made over the past 18 months. Information has been distributed to all dermatology departments in Scottish hospitals and displayed at dermatology seminars and conferences. Links have been established with MSPs and opportunities to contribute to health care strategy achieved through, for example, membership of the Steering Group of the Scottish Action on Skin initiative and participation in seminars for MSPs. SCCS also works closely with the Scottish Dermatology Society and the Scottish Dermatological Nursing Society.

Donations from corporate supporters have now made it possible for SCCS to appoint a part-time administrator to support the increasing activities of the organisation in Scotland and strengthen the communication links and collaborative initiatives with SCC for UK-wide issues. In November SCCS will be holding an event in Edinburgh – Perspectives on Dermatology – to “launch” their activities and bring together the main players in dermatology. It will also provide an opportunity to recruit new members and supporters. For further information and contact details about support groups for people with skin diseases in Scotland see page 7.

Both SCC and SCCS are committed to raising awareness of the needs of people with skin diseases, educating and informing the public about skin diseases and their treatment and assuring that chronic conditions and quality of life issues associated with them are accorded appropriate importance by the Department of Health and governments. Through sharing of information and collaboration, SCC and SCCS will endeavour to ensure that people with skin diseases will have access to the same good practices and services and the widest possible range of treatments wherever they are in the UK.

Lynette Stone CBE
Chairman, SCC

Looking Ahead

Peter Lapsley, Chief Executive, Skin Care Campaign

NICE to meet you

Believing NICE to have exceeded its remit in the cost minimisation exercise it engaged in in its Health Technology Appraisal of the clinical and cost effectiveness of once daily application of topical corticosteroids in atopic eczema, the SCC appealed against the Final Appraisal Determination, as did the Primary Care Dermatology Society. Both appeals were rejected.

Lacking the resources to take the formal process further, we sought and obtained a meeting with NICE to explain our concerns and some of the thinking behind our views on issues such as the availability of treatments. That meeting took place on 24 August and seems to us to have been both positive and constructive.

NICE was represented by Professor David Barnett, Chairman of the Appraisals Committee, Dr Carole Longson, Appraisals Programme Director, and Dr Marcia Kelson and Monica Burchell, both from the Patient Involvement Unit.

The SCC was represented by SCC Chairman, Lynette Stone CBE, Dr Anthony Ormerod, Chair of the British Association of Dermatologists' Therapy Guidelines and Audit Sub-Committee, Dr Stephen Kownacki, Chairman of the Primary Care Dermatology Society and SCC Chief Executive, Peter Lapsley.

The meeting seemed very positive and constructive, and it was reassuring to find that there was a great deal of agreement between us and very little difference of opinion.

The status of skin disease

We were pleased that, from the outset, the NICE team freely acknowledging that most skin diseases are not 'minor ailments' and that they can be severely damaging to the quality of people's lives. They said also that changing perceptions of the importance of skin diseases and dermatology were evidenced in the growing amount of attention they were being asked to give the specialty.

We said we, too, were seeing real evidence of changing attitudes. In particular, both the Chief Medical Officer and the Government, in response to Parliamentary Questions, had now recognised that insufficient attention had been paid to the specialty in the past and had said that, henceforth, a thread of dermatology should run through all chronic disease management.

Treatment choice

We pointed out that, unlike the treatments for most diseases which are almost always administered orally or by injection, many treatments for skin diseases are applied topically and are therefore 'worn', much as women wear make-up. Compliance is therefore heavily dependent upon 'cosmetic acceptability'.

But cosmetic acceptability by no means the only issue.

People with eczema and related conditions tend to have very sensitive skin, and not every product is suited to every patient. Some people will need a range of treatments for different degrees of dry skin, different body sites, different social situations, to address personal preference issues and quite often to avoid

contact hypersensitivity or other irritant reactions. Their needs may also change over time.

If a patient dislikes a treatment, he or she may not use it, which undermines the treatment regime, produces poor clinical outcomes and is wasteful of NHS resources.

For all these reasons, it is essential that the widest possible range of treatments for skin diseases should be available on prescription at appropriate levels within the NHS. This view is endorsed unreservedly by the British Association of Dermatologists, the Primary Care Dermatology Society and the British Dermatological Nursing Group.

The NICE team accepted these arguments in principle and said it was not their purpose to restrict prescribing choice. Rather, they were concerned with cost-effective prescribing.

Treatment costs

We pointed out that treatments for skin diseases have traditionally been inexpensive. While skin diseases make up between fifteen and twenty percent of a typical GP's workload, treatments for them constitute only four percent of the NHS prescribing budget. There appears to be a tendency for health service managers to suppose that this must always be so.

Our view, and that of health professionals concerned with dermatology, is that the skin is an organ of the body like any other and that people with skin diseases are no less entitled to new and better treatments than people with other illnesses.

The NICE team did not demur from either of these views.

SCC collaboration with the DH and the NHS

We explained that, since the establishment of the NHS Modernisation Agency's Action on Dermatology programme in the summer of 2000, the SCC has been increasingly closely and actively involved in helping redesign dermatology services.

That work is now being taken forward by the DH Long Term Conditions Care Group Workforce Team Dermatology Sub-Group (the DS-G), on which the SCC has two representatives, including the vice-chair. The DS-G is developing new patient pathways for dermatology which will, *inter alia*, strongly encourage the well supported self-management of inflammatory skin diseases, improving patient care and greatly reducing the burden inflammatory skin diseases place on the healthcare system. Treatment availability is central to the success of this process.

We said we believed it would be very helpful if NICE could be attuned to these sorts of initiatives and supportive of them.

NICE Guidance

All this being so, we said we believed that the second (cost minimisation) part of its guidance in its HTA of the frequency of application of topical corticosteroids for the treatment of atopic eczema was unhelpful. We saw it as an unwarranted attack on clinician and patient choice.. We said also that we were concerned that PCTs, driven by a determination to cut costs, would see the

figures for potential overall cost-savings NICE had identified, albeit somewhat speculatively, and seize upon them without reading the accompanying script.

The NICE team said that while they had difficulty in accepting the former complaint, the latter was an issue they had considered both in this and in other contexts and in which they recognised there could be some substance.

Benign and pre-cancerous skin lesions

We discussed the service guidance for skin tumours including melanoma, currently being developed by NICE. We said we were concerned that, to date, insufficient effort had gone into separating the different types and severities of lesions and associated pre-cancerous conditions, and ensuring that they are treated in appropriate settings. In particular, and while we respect the view expressed by many consultant dermatologists that they would sooner see large numbers of benign and pre-cancerous 'lumps and bumps' than risk a malignancy being missed, such over-referral is causing congestion in secondary care, extending waiting times for people with other serious skin diseases. We believe that people referred with serious inflammatory skin diseases are just as entitled to be 'fast-tracked' into secondary care as people with benign or pre-cancerous lesions, if not more so.

We believe the key to resolving this is to ensure that benign and pre-cancerous lesions are treated in the most appropriate settings, generally in primary care.

We said we had been concerned that the NICE guidance might focus only on how to treat pre-cancerous lesions, rather than on the settings in which treatment may best be provided. The NICE team said that, in fact, the guidance would have significantly more to do with structure and process than with clinical interventions.

We pointed out that the NICE guidance could have significant implications for the training of primary care staff including GPs. Following the successful development of a dermatology training course for practice nurses by the University of Southampton in collaboration with the British Dermatological Nursing Group and the SCC, the SCC would be pleased to work with others to develop a similar training package to enable primary care clinicians to separate and treat benign and pre-cancerous lesions safely and effectively, while referring more urgent and serious potential cancers into secondary care.

Overall, and while there may have been no very tangible outcomes from the meeting, all members of the SCC team felt that it had been constructive and worthwhile, helping to give NICE a clearer understanding of the differences between dermatology and other disease areas and of skin patients' needs.

"In patients' interests?!"

We have been increasingly concerned recently by two new threats to skin patients' interests, one- the withdrawal of consultant dermatologist on-call cover at week-ends – quite blatantly a pure cost-cutting exercise by strategic health authorities (SHAs); the other – the use of secondary care funding to pay for GPs with special interest in dermatology (GPwSIs) – often being due to misinterpretation of the Action on Dermatology programme's good practice guidance.

We have taken both issues up with the various SHAs and PCTs concerned.

Where the withdrawal of consultant on-call cover is concerned, we take the view that people with skin disease are entitled to the same degree of specialist care as any other patients.

Dermatology is a far more complex speciality than is sometimes recognised, diagnosis often being difficult. Timely diagnosis can ensure appropriate treatment and can often prevent unnecessary admission to hospital, particularly over week-ends.

Where people with skin diseases have been admitted to hospital, it is essential that 24 hour cover, including consultant dermatologist on-call cover, should be provided for their care.

It is also the case that dermatological surgery is becoming more complex and that, in consequence, there is an increasing likelihood of complications which may require consultant in-put out of hours.

GPs, who at present receive very little training in dermatology, need access to out-of-hours advice, and it is a part of their training requirement that Specialist Registrars (SpRs) should gain

experience in dealing with emergencies. The SCC is very concerned that the withdrawal of on-call cover could lead to withdrawal of RCP recognition of SpR posts as training posts.

The deputy chief executive of one SHA we wrote to about this replied that the decision to withdraw on-call cover by consultant dermatologists had been reached at medical director and human resource director forums and ratified by all chief executives, medical directors and human resource directors in the SHA. The writer hoped this would assure us that "the decision recognises the importance of such provision" and that "it has been taken with the aim of providing the best possible levels of patient care"

We wrote back saying the letter gave us no such assurance, and asked which consultant dermatologists were involved in the decision, whether patients were consulted about it and how, and, if so, what were the outcomes of those consultations.

At the time of writing, over three months later, and despite having sent a reminder, we have received no response.

Stories about 'all dermatology being removed into primary care' began even before the Action on Dermatology (AoD) programme had published its *Good Practice Guide* in January 2003. It has continued spasmodically since then. The motivation for it appears to range from the need to resolve the issues arising from a local lack of consultant dermatologists, through the hope that it may ease waiting times to the apparent belief that all dermatology really can be done by GPwSIs.

In a small number of cases, where there are already established and experienced GPwSIs, such initiatives can work well – but closer examination of these successful ones invariably shows a very

close relationship between the GPwSI concerned and the nearest hospital dermatology department, however distant that may be.

What PCTs that suppose that all dermatology really can be done by GPwSIs almost always seem to have overlooked are the length of time it takes to train a competent GPwSI, the cost of providing that training and the eventual service and the need for consultant dermatologists to provide that training.

In fairness, almost all of the PCTs that have toyed with the idea of using secondary care money to fund GPwSIs have backed away from it when the true implications have been pointed out to them, often by the SCC. But it does seem a pity to waste time and resources on embarking on adventures of this sort when a moment's thought could show them for the wild goose chases they are.

MHRA issues new advice on traditional Chinese medicines (TCM)

The Medicines and Healthcare products Regulatory Agency (MHRA) this month issued a warning to herbal interest groups reiterating its continuing concerns about the safety and quality of unlicensed traditional Chinese medicines for sale in the UK.

Of particular interest for people with skin disease, it cites 'herbal' creams used to treat skin conditions that contain corticosteroids. While effective when used appropriately under medical supervision, they have the potential to cause skin thinning and in the long term worsen conditions such as eczema and psoriasis if used improperly and in uncontrolled amounts.

It is nearly five years since the All Party Parliamentary Group on Skin (APPGS) published a report on its Enquiry Into Fraudulent Practice in the Treatment of Skin Disease. This revealed a significant and largely unchallenged problem with fraudulent practice relating

to skin disease treatment, which was inadequately addressed.

The new MHRA warning suggests that the issue of fraudulent practice in the treatment of skin disease is an ever-present threat.

Speaking to journalists at the time of the report publication, the Rt Hon Bruce George, MP and chairman of the APPGS said: "Skin disease is difficult to treat and medication often takes time to work, driving disillusioned patients to look for alternative solutions. It is vital that health professionals manage patients' expectations sympathetically and educate people with skin conditions about the often chronic nature of their disease, to avoid the emotional, financial and sometimes physical damage which fraudulent treatments and practitioners can cause."

These words still ring true today and patients, in particular, must continue to be alert to treatments or practitioners offering treatments that appear just 'too good to be true'.

The All Party Parliamentary Group On Skin

Is the Government Beginning to Listen to Patients? – Jessica David

Over the Parliamentary Summer Recess the All Party Parliamentary Group on Skin (APPGS) has been busy finalising its latest publication, a short report entitled; 'Report on Dermatological Training for Health Professionals'.

The new report addresses specialist and non-specialist dermatology training amongst five key groups of health professionals; consultant dermatologists, non-consultant career grade doctors, GPs, nurses and pharmacists. It takes into account all of the APPGS's previous recommendations on training and considers the progress that has been made to date. The report also sets out a new list of 'next steps' for implementation

Multi-disciplinary training opportunities and a formalised role for non-consultant career grade doctors – enabling them to work in both the hospital and the community – are key recommendations in the report. With added benefits in terms of cost efficacy and increased patient access, such changes could have a real impact on local service provision.

The role of consultant and non-consultant level doctors is also considered with regard to the training of primary care health professionals. The report views the knowledge and expertise of doctors working in specialist dermatology as a valuable resource, and recommends that both groups be fully incorporated into team training programmes involving GPs, nurses and pharmacists. The need to develop a 'partnership approach' to training is one of the strongest messages of this report.

Whilst discussing new ideas, the report also reiterates concerns raised in previous APPGS enquiries. The need for increased National Training Numbers for consultant dermatologists and for dermatology to be incorporated into undergraduate training curricula for doctors, nurses and pharmacists remain key requirements, and are areas where little progress has been made in the past few years.

Overall, the report expresses the sense of urgency felt by many

members of the APPGS, that further dermatology training opportunities be made available. It recommends that the British Association of Dermatologists forges a relationship with local directors of postgraduate education as a means to facilitate this. It also discusses the possibility of incentivising health professionals to seek further training in dermatology.

The findings of this report are clear: *'Both undergraduate and postgraduate training for health professionals dealing with skin disease is inadequate. The current level of training amongst doctors, nurses and pharmacists in no way reflects the prevalence of these diseases'*.

Improving the level of dermatology training remains one of the APPGS's primary objectives. We hope that this report will be a useful aid to constructive dialogue with the myriad of organisations and individuals responsible for medical training. We are confident that its messages will be heard loud and clear and look forward to reporting back on developments.

Copies of the report are priced at £10. If you would like to purchase a copy, or are interested in becoming a member of the Group, please contact the Secretariat on: 020 7591 4833.

Dermatology course for nurses and ALH's at Nottingham University

Management of people with skin conditions

This is a new module introduced by The University of Nottingham in June 2004. The prevalence of common skin disorders is increasing and 80% of those who could benefit from professional advice do not currently access the health care system. There is a need for practitioners working in the primary and acute care health setting to have knowledge in this area. The content is divided into themes and can be accessed as a full module of 8 contact days or individual themed days.

The module considers:

- Core skills in dermatology
- Pharmacology and the skin *
- The adult with acute skin disease *
- The adult with a chronic skin disease *
- The infant, child and young person with skin disease *
- The older person with skin disease *
- Skin cancer and its treatment *
- Ultra violet light and its use in skin disease *

(*can be accessed as individual themed days)

Students will be encouraged to critically appraise their own practice through reflection in order to promote evidence-based practice and clinical decision making.

CREDITS

The module attracts 20 credits at Diploma or Degree level. It can be taken as part of the Tissue Viability Pathway, the Combination Studies pathway or accessed as an individual module.

Theme Days

A Certificate of Attendance will be provided for those who access individual theme days.

ASSESSMENT

Diploma Level:

Assessment is through a written assignment of up to 5,000 words using a model of reflection to analyse an event in the management of an individual with a skin condition.

Degree Level:

Assessment is through a written assignment of up to 5,000 words on a selected aspect of contemporary practice in the management of skin conditions which will include an action plan to move practice forwards.

VENUE

This module will normally be delivered at the Nottingham Centre.

Dates

The module will run from 1, 8, 15, 22, 29 June and 13, 20, 27 July 2005.

The next module will run from 26 October, 2, 9, 16, 23, 30 November and 7, 14 December 2005.

CONTACT DETAILS

Module Leader: Shirley Lynn Tel: 0115 924 9924 ext. 43056

Module Convenor: Chrissie Bousfield Tel: 0115 969 1169 ext. 34854

Post Registration Admissions Secretary Tel: 0115 9194420

www.nottingham.ac.uk/healthquest

Contact a Family

There are around half a million disabled children and young people in the UK. Discovering that your child has a disability or health condition is always very difficult. The feeling of isolation can often be acute. For the past 21 years Contact a Family has been working to support and inform families regardless of the medical condition of the child. Contact a Family is probably best known for its knowledge and expertise around rare disorders,

including skin conditions causing disability. Those found to affect most families include eczema and acne but Contact a Family also has information on very rare skin conditions such as Pemphigus Vulgaris and Epidermolysis Bullosa.

Families tell us that their greatest need is for information. This includes information about entitlements to support and provision

for special educational needs. And, perhaps more importantly for those with a child only recently diagnosed with a rare condition, families are often desperate for accessible medical information and some contact with others in a similar situation so they can share experiences and benefit from the mutual support this contact can bring.

Contact a Family's team of experienced parent advisers can

- put families in touch with support groups or, where there isn't a group, as is the case with many very rare disorders, try to link families directly on a one-to-one basis,
- put families in touch with any other specialist voluntary organisations which may be able to help,
- give medical information on all conditions affecting children and young people,
- advise on services like respite and families' rights to benefits and any other help which may be available.
- send any one of our range of factsheets on subjects such as living without a diagnosis; a genetic condition in the family; booklets for grandparents, fathers and siblings as well as practical information about education rights, community care and claiming benefits.
- talk to families via an interpreter in over 100 languages if a language other than English is preferred

Contact a Family is always pleased to hear from health, social work, education and other professionals calling on behalf of families. We can send information packs to pass on. We produce the Contact a Family Directory of Rare and Specific Conditions each year giving medical information about hundreds of rare conditions and details of national support groups. Adult onset disorders are also included. The directory contains entries on the majority of skin disorders appearing in the Skin Care Campaign Directory; all entries are dated and give details of authorship. Professor John Harper, Consultant in Paediatric Dermatology at Great Ormond Street Hospital, is on Contact a Family's Medical Advisory Panel. The directory comes in an annually updated paper edition, a quarterly updated CD-ROM form with links to further quality evaluated information and can also be found on the Internet at www.cafamily.org.uk.

Contact a Family can advise emerging support groups on all areas of development from a first teleconference to registering as a charity. The Group Action Pack contains papers on a variety of subjects for groups large and small including questions before you start, data protection, roles of trustees, speaking to the media, web sites and employing a paid worker.

Contact a Family also campaigns to raise awareness. Many families whose children have a skin condition will be unaware that they can claim Disability Living Allowance. We estimate that only half of families claim this. This can be paid if a child needs more help with personal care or more supervision than a non-disabled child of the same age. So if a parent is regularly helping with applying creams or changing dressings, they may well be able to claim. It is payable regardless of income and savings. Professionals can play a vital role in encouraging families to seek advice about claiming. Do ask your families to call us – to someone on a modest income, the additional money can make all the difference.

If families need information, they are welcome to phone our National Freephone Helpline, Tel: 0808 808 3555 (10am–4pm, Monday to Friday). The service is free and confidential. Professionals should call our switchboard on 0207 608 8700. Minicom users can contact us on 020 7608 8702. Or we take enquiries via e-mail – helpline@cafamily.org.uk. Or write to us at 209–211 City Road, London, EC1V 1JN. If asking for factsheets, single copies are free, but please send an A4 stamped (21p) addressed envelope to help with our postage costs.

In addition, we produce a free rare disorders e mail bulletin giving information about rare conditions including conferences and research. If you would like receive our e mail bulletin or know a family who would like to start a group, please e mail our rare disorders groups worker liz@cafamily.org.uk or telephone 0207 608 8715.

If you have access to the Internet, our website www.cafamily.org.uk also has lots of useful information, including all our factsheets and copies of our journal 'Share an Idea'

As a charity, donations to support our work are always welcome. If you cannot make a donation, you can help us in other ways, for example, by putting up one of our posters in your reception or work area to help us to raise awareness. Please telephone 0207 608 8700 for more information.

News Round Up

British Association of Skin Camouflage

Has a new dedicated land line: 01625 871 129

A Unique Professional Skill Seminar has been organised for Saturday 13th November 2004 in Chester, and will cover application techniques using St Tropez Faux Tan to camouflage vitiligo and leucoderma. Tutor – Julie McCann, who is training manager for St Tropez at Beauty Source Ltd.

Two BASC Training Initiatives: holistic, comprehensive and intensive courses, each spanning 4 days, are to be held in Chester on 18–21 February 2005 and 26–19 August 2005.

Further details, including booking forms can be obtained from

Mary Thorp, BASC Secretariat, on 01625 871 129, or by writing to BASC, PO Box 202, Macclesfield, Cheshire SK11 6FP, or by emailing: basc9@hotmail.com

National Eczema Society

Contact Dermatitis Promotion

'Itching 9 to 5 – working with eczema' was the theme for this year's National Eczema Week. The National Eczema Society took the opportunity of its annual awareness week to strengthen and promote its new resources for health care professionals managing patients with contact dermatitis, a common problem in both the home and the workplace.

Contact allergy to specific allergens is estimated in the general population to be 4.5 per cent for nickel and 1–3 per cent for any cosmetic ingredient. It was once thought to be uncommon in children but several reports suggest an increasing prevalence, probably due to an increase in ear piercing which cause nickel sensitisation.¹

The National Eczema Society has recognised that Contact Dermatitis is a growing problem and launched two new booklets – ‘**Could I have Contact Dermatitis?**’ and ‘**Contact dermatitis – a guide for employers and occupational health staff**’ to coincide with National Eczema Week 2004. ‘**Could I have contact dermatitis?**’ the Society’s new guide for patients, explains both irritant and allergic dermatitis, the treatments available and answers some of the most common questions asked by people calling the National Eczema Society helpline. To order free copies contact their patient helpline on 0870 241 3604 or email helpline@eczema.org.

Contact dermatitis is also the most commonly reported occupational skin disease and very often it’s the most practical things that are overlooked such as sitting next to a window for ventilation and using a soap alternative when hand washing.

To obtain free copies of ‘**Contact dermatitis – a guide for employers and occupational health staff**’ call 0207 561 8235.

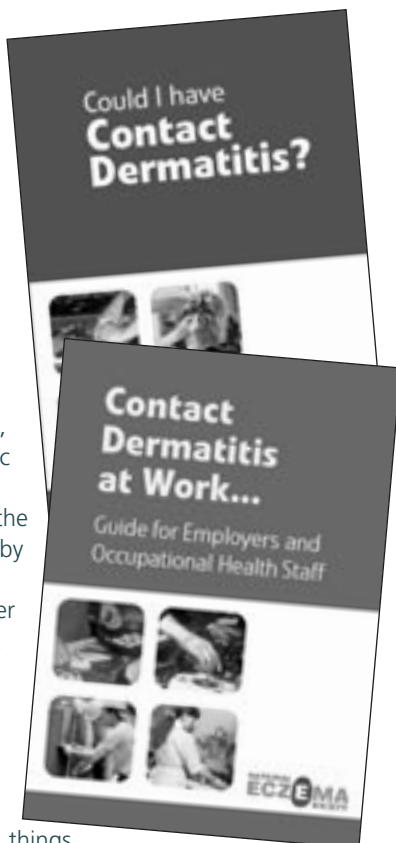
References: S. Macfarlane & J English, *Pulse*, May 6 2002 52-59

Raynaud’s & Scleroderma Association Family Weekend 2005

The Raynaud’s & Scleroderma Association will be holding its 4th Scleroderma Family Weekend during the weekend of February 18th, 19th and 20th in Chester. Families who have a child under the age of 18 years of age with scleroderma are welcome to attend.

The event will be an ideal opportunity for families to learn more about the condition from members of the medical profession and the best coping strategies. Entertainment will be provided and there will be plenty of time for discussion. Many families who have a child with scleroderma often feel isolated so this is a unique opportunity to meet with others in a similar situation. The past three Family Weekends have proved invaluable in helping families to come to terms with the condition.

For more information and an application form, please contact the Raynaud’s & Scleroderma Association on: (01270) 872776 or email info@raynauds.org.uk



Research News

The following grants have recently been awarded by the Association:

- Dr Joyce Davidson, Royal Liverpool Children’s NHS Trust – Autoantibodies in juvenile scleroderma, myositis and overlap syndromes.
- Prof Janice Marshall, University of Birmingham – Mechanisms underlying Primary Raynaud’s Disease.

This brings the current commitment to research projects funded by the Raynaud’s & Scleroderma Association to just over £2 million.

Skin Care Campaign Scotland

At present SCCS has five member patient groups:

Alopecia Help and Advice (Scotland) Ltd, Carol Templeman, Secretary, 33 Burnbank Road, Grangemouth FK3 8RU. (In the process of changing ISP and so website currently unavailable.)

Eczema Scotland, St Mary Street, Kirkcudbright DG6 1DN, email: mail@eczemasotland.plus.com

PSALV, tel: 0131 556 4117, email: Janice@psoriasisScotland.org.uk, website: www.psoriasisScotland.org.uk

MARC’s Line, Psoriasis Association and Psoriatic Arthritis Liaison Scotland (PALS), for which contact details will be included in the February edition of Campaign News as well as full information on each of the member groups.

URGENT REQUEST: The SCCS is actively seeking membership from other skin condition patient groups operating in Scotland. For more details please contact Rosemary Gierthy, SCCS Chairman – email: rosemary.gierthy@btinternet.com.

XP Support Group

Will be holding a social evening – Barbecue and Fireworks – on Saturday 6th November from 16.30–21.00. To be held at Holy Trinity Church Hall, Wycombe Road, Prestwood, Bucks, for patients and their families with Xeroderma Pigmentosum (XP) and other light sensitive conditions.

Following on from the successes of previous years, the Owl Patrol, annual night-time weekend camp for patients and their families with XP and other light sensitive conditions has been planned for 11–14 February 2005 at St Katharine’s Parmoor, Nr Frieth. Bucks.

Protective clothing

We have put out a call for children from all over Europe who want to take part in testing UV protective clothing developed by The European Space Agency. The testing will begin in December and is open to any child who has XP or any other light sensitive condition. For further information, please contact Sandra Webb, XP Support Group, Tel: 01494-890981, Fax: 01494-864439, E-mail: info@xpsupportgroup.org.uk

National Eczema Society	NES Eczema Training Day for Nurses, Carlisle*	5 November
Vitiligo Society	Annual Vitiligo Day – London Institute of Child Health, Guilford Street	13 November
BASC	Professional Skill Seminar, Chester**	13 November
Tuberous Sclerosis Association	Conference, Novotel, Milton Keynes	20 November
National Eczema Society	NES Eczema Training Day for Nurses, Chester*	1 December
Skin Care Campaign	Tunbridge Wells Skin Information Day +	February 2005
BASC	Training Initiative, Chester**	18–21 February 2005
Tuberous Sclerosis Association	Study Day for Professionals "The Child with Tuberous Sclerosis – from diagnosis to adulthood". Postgraduate Medical Centre, Queen Elizabeth Hospital, Birmingham**	17 March 2005
Tuberous Sclerosis Association	Study Day for Professionals "Tuberous Sclerosis – the Adult Perspective". Postgraduate Medical Centre, Queen Elizabeth Hospital, Birmingham**	14 April 2005
BASC	Training Initiative, Chester**	26–19 August 2005

* For programme and booking form visit www.eczema.org or phone NW Office on 01925 766877

** Further details, including booking forms can be obtained from Mary Thorp, BASC Secretariat, on 01625 871 129, or by writing to BASC, PO Box 202, Macclesfield, Cheshire SK11 6FP, or by emailing: basc9@hotmail.com

+ For details on Skin Information Days please contact Gwen Banford, e-mail: gbanford@eczema.org; tel: 020 7561 8249

** For further details please contact Janet Medcalf, Head of Support Services, Tuberous Sclerosis Association, PO Box 9644, Bromsgrove B61 0FP, Tel: 01527 871898, Fax: 01527 577390, support@tuberous-sclerosis.org

Skin Care Campaign Board Members

Lyn Stone CBE	Chairman
Nigel Scott / Marian Nicholson	Herpes Viruses Association (Nigel – Vice-Chairman)
Jane Watts / Rosemary Humphreys	National Eczema Society
Alison Dudley / Dr Nick Varey	Acne Support Group
Jane Freak	The Wessex Cancer Trust's Marc's Line
Maureen Benbow	Tissue Viability Society
Helen Broughton	Vitiligo Society

The Skin Care Campaign gratefully acknowledges the generous support of the following companies:

- Allergan
- Crookes Healthcare Ltd
- Dermal Laboratories Ltd
- Fujisawa Ltd
- Galderma (UK) Ltd
- GlaxoSmithkline
- LEO Pharmaceuticals (UK) Ltd
- Novartis Pharmaceuticals (UK) Ltd
- Roche Products Ltd
- Schering-Plough Ltd
- Serono Ltd
- Shire Pharmaceuticals Group plc
- SSL International Ltd
- Stiefel Laboratories (UK) Ltd
- 3M Health Care Ltd

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Please send news/articles/details of forthcoming events to

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