

DERMATOLOGY AT BARNSELEY

Dr Sarah Thomas

The Dermatology service in Barnsley was provided by Sheffield mostly until 1986 when I was appointed as the first consultant dermatologist at Barnsley District General Hospital. Clinics were conducted in medical outpatients and in fracture clinic which was less than satisfactory. A designated Department of Dermatology was needed. After negotiation with my colleagues and the District Health Authority we opened a purpose-built suite offering minor skin surgery, tar baths and UVB, PUVA using both topical and systemic psoralens, patch testing, hypnotherapy with five inpatient beds.

We recruited an excellent team of nurses, GP assistants, staff grade doctor, and administrative staff. The facilities enabled us to offer GP training plus a training slot for specialist registrars in dermatology. Our nurses became skilled in dermatology, achieving the distance learning diploma in dermatological nursing, funded by our department using fees collected from delivering GP training evenings. Barnsley introduced nurse led clinics enabling the service to expand attracting patients and funding! The department rapidly grew from one to three consultant dermatologists. The South Yorkshire Dermatology CPD meetings now rotated to Barnsley thus enabling patients with complicated conditions to receive “second opinions” with expert discussion relating to their cases.

Although Barnsley was a busy unit, we did make time for clinical research. After introducing the hypnotherapy service, we compared the efficacy of standard therapy with self-hypnosis in atopic eczema publishing the results in the BJD. Hypnosis was successful in reducing the symptoms in eczema in addition to reducing the use of topical steroid and antihistamines. Although PUVA using oral psoralens and UVA was used in psoriasis, we investigated the use of psoralen baths plus UVA as an alternative, measuring serum psoralens levels after systemic or topical psoralens. Treatment results with topical psoralens were excellent and patients reported fewer side effects. We published our results in the BJD and were included in the BAD working group.

Ultimately, I became involved with medical education and training as RCP tutor, clinical tutor and chairman of the medical staff committee in Barnsley. Subsequently, I was appointed Associate Postgraduate Dean, then Postgraduate Dean for South Yorkshire and South Humber in 2001. I was able to continue two clinical sessions in Barnsley until becoming Regional Postgraduate Dean for Yorkshire and Humber in 2008. I retired in 2011.

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