**Tough Brexit could affect UK dentistry**

Mydentist Clinical Services Director warns of shortages and rising costs

By DTI

LONDON, UK: Earlier this month, Parliament cleared the way for government to invoke Article 50 in March that will open negotiations for the country to leave the European Union. Prime Minister Theresa May announced earlier this year that the UK will not remain in the single market regardless of the deal negotiated with Brussels. In an article, mydentist Clinical Services Director and member of the Association of Dental Groups Dr Steve Williams has now warned that this version of Brexit could have serious implications for dentistry in the UK.

"Dentistry is one of the areas of NHS care that is most heavily dependent on EU-trained professionals," he said. "It will be vital to ensure that Brexit does not undermine our ability to provide NHS dental care by inadvertently disrupting the supply of dentists in the UK."

Currently, almost one-fifth of dentists currently registered with the General Dental Council are from Europe. To withdraw these professionals from the workforce would be devastating, especially in underserved areas, where there is already a shortage, according to Williams.

"The UK dental market relies strongly on the European workforce. Without them, the profession’s ability to recruit would be greatly affected. Unless training places can be increased, there will be a continued need for additional European dentists throughout the UK," he explained.

The government has announced no specifics about the status of EU nationals in the UK after the country has left the EU, however, the protection of their rights was included in the 12-point plan announced by PM May to guide the Brexit process.

"Any announcement made on whether European professionals will be allowed to stay in the UK will be hugely beneficial for dentistry, as at least some stability will be guaranteed," Williams said.

Practice owners should expect the prices of consumables and materials to increase as a result of the plummeting exchange rate between the pound and other currencies.

"We are already seeing a ripple effect as a result of the referendum outcome. Indeed, not only did the pound plummet to a 35-year low shortly after the vote—which will likely continue to fluctuate and generally worsen as we get closer to Article 50 being triggered, but the exchange rate is also extremely poor right now," Williams said.

Things are not all bad, however, as a split from Europe could also mean restructuring legislation.

"There are a number of EU laws that affect dental practices—including regulations on tooth whitening and the concentration of hydrogen peroxide that can be used. What’s more, current EU legislation prevents the transfer of NHS contracts by any means except through the partnership route, which could change if the UK decides to create its own commissioning rules. The problem is that so much legislation will require changing, that it will be several years after leaving the EU before anything will actually take affect," Williams said.

**King’s proves method to help teeth repair themselves**

By DTI

LONDON, UK: Scientists from the Dental Institute at King’s College London have reported on a new approach found to be successful in mobilising the growth of stem cells inside teeth. By delivering a specific type of small molecules through biodegradable collagen sponges in mice teeth, they were able to almost completely repair carious lesions within only six weeks.

According to the researchers, who published their results earlier this week in the Scientific Reports journal, as the sponges degraded over time, new dentine almost entirely formed in their place. Using this tooth’s natural ability to repair itself, the new approach could potentially reduce the need for fillings or dental cements, particularly for the repair of larger cavities, they said.

Currently, there are a number of trials underway worldwide that seek to use dental stem cells to repair tooth defects. Alternative ways to induce dentine regeneration include the use of keratin proteins and synthetic materials. At King's, the scientists used small-molecule glycogen synthase kinase (GSK-3) antagonists to mobilise cell growth, including Tideglisha, which could also help to fast-track the new approach to use in the practice, according to the researchers, as it has already been used in clinical trials to treat Alzheimer’s and other neurological diseases.

"The simplicity of our approach makes it ideal as a clinical dental product for the natural treatment of large cavities, by providing both pulp protection and restoring dentine," lead author of the study and head of King’s Craniofacial Development and Stem Cell Biology Division Prof. Paul Sharpe said. "In addition, using a drug that has already been tested in clinical trials for Alzheimer’s disease provides a real opportunity to get this dental treatment quickly into clinics."

The report, titled “Promotion of natural tooth repair by small molecule GSK3 antagonists,” was published in Scientific Reports.
Newcastle figures question reporting of dental emergencies

By DTI

LONDON, UK. With NHS trusts in crisis all over Britain, new estimates by Newcastle University’s Centre for Oral Health Research have indicated that a much higher number of people in the UK may present to medical emergency departments with dental problems than commonly believed. According to the three-year study, which looked at coded A & E attendance data from the Newcastle upon Tyne Hospitals NHS Foundation Trust, almost 1 per cent of all emergencies looked at were dental problems, almost 10 times more people with dental problem.

Putting these figures in a national context, the results suggest that ten times more people with dental complaints are visiting emergency departments than indicated in official government figures. While the latter estimated the number of dental emergencies to be 7,000 in 2014/2015, it could actually be almost 70,000, adding to the already huge pressure that A & E departments face in the UK.

Calculations by the British Dental Association have suggested that the additional burden amounts to £5 to £16 million per year, which are also not equipped to deal with many of these problems.

“If you experience toothache without significant other symptoms, then heading to a hospital’s A&E department isn’t always necessarily the best option. Ensuring that patients are treated in the right place, at the right time, by the right team is essential for both the patient and the wider public; not just to ensure appropriate diagnosis and treatment but also to reduce unnecessary care and personal costs,” said lead author of the study Dr Justin Durham, who also works as an honorary consultant at Newcastle upon Tyne Hospitals NHS Foundation Trust.

“This paper, and other recently published data from Newcastle University’s Orofacial pain search team, suggest there are potentially significant problems in the care pathways both for toothache, and also the group of conditions that cause persistent mouth and face pain such as Temporomandibular Disorders and Trigeminal Neuralgia.”

“We are seeing patients who need our care pushed towards medical colleagues who aren’t equipped to treat them. As long as government keeps slashing budgets and ramping up charges we will keep seeing more of the same,” added Dr Henrik Overgaard-Nielsen, Chair of the British Dental Association’s General Dental Practice Committee, on the figures.

“GPs and A&E medics are having to pick up the pieces, while government’s only strategy is to ask our patients to pay more in to plug the funding gap,” he also said.

Overall, there were 2,504 visits to the trust’s A & E department owing to dental complaints and 10 per cent of these were by patients who had attended the department for dental problems before.
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Hahn Tapered Implant is a trademark of Prismatik Dentalcraft, Inc.
UK NEWS

**Oral health improving, but not equally**

By DTI

LONDON, UK: Compared with other countries in Europe, UK children score relatively low on the DMF index. Despite significant improvements in the state of oral health since the early 1990s, however, a large gap exists between children of different economic backgrounds, a new national health report has indicated.

The 144-page paper published by the Royal College of Paediatrics and Child Health (RCPCH) in London on the state of health in children in all four countries found that 5-year-olds living in the most deprived areas of England, Northern Ireland and Wales are three times more likely to suffer severe tooth decay than those residing in the most affluent areas.

Regarding the number of 5-year-olds with no obvious signs of tooth decay, England and Scotland had the largest proportion (70 in 100 children), while Northern Ireland and Wales lagged behind, with 60 and 59 in 100 children, respectively.

Nevertheless, children in Northern Ireland showed the most noticeable oral health improvement since 2003, together with Scotland, the report stated.

Caries remains the single most common reason that children aged 5 to 9 require admission to hospital, in many cases needing general anaesthetic for tooth extraction, it also said.

The figures for the report were derived from the Children’s Dental Health Survey for England, Northern Ireland and Wales and the National Dental Inspection Programme for Scotland. Despite the noticeable improvement in the oral health of children, it recommended the implementation and evaluation of national oral health programmes for children and young people across the country, building on existing initiatives, including Childsmile and Designed to Smile. It also called for improving access to dental check-ups as soon as the first tooth erupts and for water fluoridation in areas where there is high tooth decay.

Another key factor for the eradication of decay, according to the report, is the prevention of children consuming high-sugar food and early drinks, thorough education and national initiatives to reduce sugar in children’s food.

“We support all the recommendations contained in the report, the most important from the point of view of our patients is for universal early years public health services to be prioritised with targeted help for children and families experiencing poverty,” commented media spokesperson of the British Society of Paediatric Dentistry and paediatric dentistry consultant Dr Claire Stevens, in Westminster yesterday. “I trust that, as intended, the report will be a springboard for more campaigning and more change, especially in relation to early intervention and prevention in children’s oral health.”

Looking at a comprehensive list of 25 indicators, the RCPCH report identified some of the major issues concerning the health of UK children and recommended key actions for each government to improve the situation.

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**Educators recognised in New Year Honours**

By DTI

LONDON, UK: Two dental professionals have made it to the Queen’s New Year Honours list this year. Acknowledged for their contributions to dental education and services to oral health were Associate Dean for Equality and Inclusion Prof. Elizabeth Kay at Plymouth University’s Peninsula School of Dentistry and Sarah Marianne Murray, Head of Centre and Programme Lead at Queen Mary University of London’s Institute of Dentistry.

Both women were appointed Members of the Order of the British Empire (MBE) in the list, which was published by the Home Office last week. They are among almost 1,200 awardees, including Olympic gold medallist Andrew Murray and fashion designer and former Spice Girl member Victoria Beckham, who were recognised for their achievements and services in various fields, such as sport, economics, health and literature.

As Foundation Dean of the Peninsula School of Dentistry, Kay has been pivotal in establishing the first new dental school in the UK for 40 years. Among her other positions, she works as a public health academic consultant with Public Health England and serves on the editorial boards of three dental publications, including the British Dental Journal. One of her recent publications is an introductory textbook for dental undergraduates, published by Wiley-Blackwell, for which she was the sole editor.

A leading dental hygienist in the UK, Murray currently manages and teaches the Foundation Certificate in Oral Health Education at Queen Mary aimed at qualified dental nurses. Among other recognitions, she was awarded the title of “Hygienist of the Year” in 2007. She is also a regular contributor to dental journals and magazines in the UK.

Both Kay and Murray will receive their awards, along with all the other recipients, in a ceremony later this year.

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**Patient charge revenue deductions**

By DTI

LONDON, UK: According to the British Dental Association (BDA), deductions on patient charge revenue have become a major issue for GDP when dealing with the NHS. The organisation has now reached out to members to explain their case in order to prepare a legal case against the practice.

After consultation with its lawyers, the BDA announced that there is a strong case against the legitimacy of NHS England’s approach to patient charge revenue. Dentists who feel affected are requested to deliver their case through the BDA’s website. These are supposed to form the basis of a potential High Court challenge that could be worth thousands of Pounds, the organisation said.

The BDA argues that NHS England’s heavy-handed approach to patient charge revenue subsequently means that a high number of dentists suffer ongoing financial losses simply for providing their patients with the necessary care.

“We’ve already been able to secure concessions from NHS England for the manifold failures by Capita on performer lists; our members highlighted. Over 100 foundation dentists who faced having to stop working at the start of December can now continue,” commented BDA Vice Chair Eddie Crouch.

“Claims that would have fallen foul of the two-month rule due to slow performer attachments are now being permitted. We’re making progress, but there is so much more we can do,” he continued.

I urge all BDA members to raise this issue with colleagues and encourage them to share their experiences.”

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