NHS Fife must ‘apologise’

The Scottish Ombudsman has told NHS Fife to apologise to a patient after fitting her with an incorrect denture.

The patient’s own dentist had ordered the preparation of the denture before a community dental surgery, which was vulnerable to being wrong.

The report upheld the patient’s complaint, agreeing that the denture fitted was not what was discussed, and said that the community dentist should have delayed treatment.

The Ombudsman stated that, although the patient had signed a consent form, she ‘was asked to make her decision under difficult and stressful circumstances without a proper chance to consider all the options’.

‘Inspektor TC’ spots plaque

Scientists from Liverpool University have developed a dental product which identifies build-up of plaque in the mouth, before it is visible to the human eye.

The ‘Inspektor TC’ product is aimed at older people and young children, who are vulnerable to dental disease. The toothbrush-sized device features a blue light which, when shine in the mouth and looked at through yellow lenses containing a red filter, detects plaque as a red glow. Dentists currently use disclosing tablets which can stain the mouth and taste unpleasant.

‘It is extremely difficult to get rid of all plaque in the mouth’, said Professor Sue Higham, from the University of Liverpool’s School of Dental Sciences.

Dental Protection for Edinburgh

Dental Protection insurance company, Dental Protection Ltd to open an Edinburgh office - giving Scottish members a local service.

It will be the third UK office for Dental Protection Ltd (DPL) and its parent company the Medical Protection Society (MPS).

The new office joins the existing UK offices of Leeds and London where DPL’s existing 56 dentists are based.

New NHS dental surgery for Inverness

Patients in Inverness are to get a new NHS dental surgery designed to reduce waiting lists in the city.

There are currently 10,000 people on the waiting list for an NHS dentist in Inverness. The new surgery would be the third development for Inverness in recent years.

Mary Scanlon MSP, the Conservative’s health spokesperson, said: ‘It will be a great boost to dental care in Inverness, which has had some of the lowest dental patient registrations of any health board in the whole of Scotland.

While this will be welcome news for Inverness, I have written to NHS Highland to ask how they plan to make similar provision for the Caithness, Sutherland and Easter Ross constituencies, where only 15 per cent of people are registered with an NHS dentist.’

She added: ‘In the Ross, Skye and Inverness constituency, the figure is not much better with only one in five people being registered with an NHS dentist. Given that the Scottish average for NHS dental registration is 59 per cent, these two constituencies fail well below what is available in the rest of Scotland.’

Political gripes, dental dilemmas, guest comments, general feedback...

We want to hear them all.

Sleeping targets

Many dentists will know the ancient Greek story of the evil innkeeper Procrastes, who invited travellers to sleep in a certain bed and wait until they were sleeping. If they were too tall he would cut off their feet, and either way, take their money.

The present absurd dental system is much the same; we get two messages from our beloved CDO Barry Cockcroft and his masters. If you reach your UDA target early and go on holiday you are probably cheating and manipulating the system by band-gaming, and deserve to be penalised. If, like me, you fail to reach your target it is not because patients are missing and late cancelling appointments or because they are taking longer to put right then the measly UDAs allow, nor because the figures for the reference year were doctored to make our UDA targets higher. Oh, no; it is because you are lazy and deserve to have a claw back, no allowances.

We get much the same mixed message elsewhere, and the commons public accounts committee is surprised that the dental corporate set (up to maximise profits and award contracts on the basis of low cost) have exploited the rules and done as little as legally possible to make a profit.

This is very naughty. In the same week we have had a letter from the PCT telling us that they appreciate that new high-needs patients are financial suicide to take on in large numbers. They plan to make similar provisions for the elderly and of course the NHS pension fund.

But opening this new office in Edinburgh is only part of a much bigger picture, and we have already made several key appointments to create an outstanding team that will be based in Edinburgh.

Their experience and specialist local knowledge will strengthen and enhance what I firmly believe was already the best dentists’ advisory team in the world.

Our members in Scotland already enjoy all the benefits of being a part of this large, strong and well-funded international organisation and now they will have the added benefit of this local service delivery and expertise.

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The Ombudsman recommended that the health board give a full apology and that all dentists agree in future that a denture has been correctly prepared before a fitting takes place.

The report also recommended that, when a patient is under particular stress, guidelines should be drawn up to consider management and consent.

NHS Fife has accepted the recommendations.

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Many years ago, I shared a flat with a friend in investment banking. He had a standard answer when asked for advice about the stock market and it was, ‘It might go up; it might go down or it might stay where it is’. From that day to this to this, I have never heard any better investment advice. Couple that with the other simple lesson – namely that if it sounds too good to be true then it probably is – and you have all the information that you need to be an investor. Whether or not you are successful will depend on a host of factors that are completely outside your control. I don’t doubt that, if you make an in-depth study of a particular market sector, you might develop a level of knowledge that allows you to see potential opportunities and to take advantage of them. Or you can use experts, who have hopefully already gone through this process, and invest in emerging markets. Alternatively, you can spread your risk by using more traditional methods such as unit trusts, building societies and banks.

The chances of a significant return on your capital was never great in the latter cases, but they had the advantage of being safe. Unfortunately, recent events have forced me to add a third rider to my rules of investment and it is that there is no minimum price for anything. Sadly, there is virtually nothing left that has such intrinsic value that it will always be worth something.

So what can you usefully do with your money to protect it, and, potentially, to earn anything from it? In these uncertain economic times, it is very difficult to know who to trust or what to do for the best. However, there is one person that you can trust absolutely with your money and that is you. At least with money invested in you and your business, you are much more in the driving seat than you are with money invested in some stranger’s company.

There is a strong temptation to halt all investment during a down turn but it is the very time when investment can be most fruitful. Trying to update computer systems and install modern technology at a time when the appointment book is bursting can be very difficult. It is much more productive to do it when there is less disruption to surgery time and it will be in place ready to generate greater income in the future. Similarly, investing time in learning new techniques and skills will pay dividends in due course.

The recession will inevitably mean a reduction in the number of treatments delivered but it will not reduce the number of treatments needed. That need will still be there when the recession ends and those best placed to meet it will be those who suffer least from the current downturn. The only trouble is that, when you reap the rewards of your investment, there still won’t be anywhere safe to put it!

Tony Reed, executive director of the BDTA