Understanding orthodontics

The British Orthodontic Society (BOS) has produced two new guides for dentists and patients on orthodontic treatment.

The guide specifically for dentists is titled Managing the Dental Occlusion: A guide for dental practitioners, and advises practitioners about orthodontic treatment for children.

‘Managing the Dental Occlusion’ is a 16-page, in-depth guide which helps dentists to examine children’s teeth from an orthodontic point of view and highlights the possible interceptive treatments and procedures available.

It provides written and visual guidance to dentists for recognising any deviations from the norm in a young person’s dental development; from a lack of spacing in the deciduous dentition to a change in the sequence of eruption, and when it is best to refer a patient to an orthodontic specialist.

The guide also provides further recommended reading on the subject.

The patient guide is a readable new Patient Information Leaflet (PIL), providing easy-to-understand facts about Interproximal Reduction.

The Patient Information Leaflet uses simple and informal language and includes a question and answer section, to help patients to properly understand their potential treatment and its on-going care.

The leaflets help reinforce and act as a memory aid for the verbal advice given to orthodontic patients (and their parents) during a consultation, as well as providing a further point of reference for information covered by the orthodontist during the consultation.

A spokeswoman for the British Orthodontic Society (BOS) said: “They are deliberately kept short, to a double page, and to the point so that patients can quickly digest and remember the salient points of their treatment. The PIL on Interproximal Reduction provides information about removing small shavings of tooth enamel, which is one of the methods orthodontists use to reduce the width of the teeth. The questions the leaflet addresses are specifically to reassure patients that Interproximal Reduction is a safe and proven form of treatment.”

The leaflets have been produced with guidance from the Plain English Campaign and British Dyslexia Association. This extends beyond the clarity of the wording to the way it is laid out, the size of the text and the colour of the print.

Super dental surgery opens

A new super dental surgery with more than 9,000 NHS dental places has opened in Preston.

The new surgery at Ringway House, near the city centre, is expected to open in April.

Ringway House will be open from 8am to 8pm for routine care and will see emergency patients between 10am and 10pm.

Janice Nicholson, head of dental commissioning for NHS Central Lancashire, said: “We are delighted to introduce this new dental service into Preston. It is anticipated that it will make a huge difference to the oral health of local residents.”

Donna Roberts, head of primary care for NHS Central Lancashire, said: “We think that by opening this surgery, there will be enough cover for everyone on the NHS Dental Access Database, but there may be more people out there who want an NHS dentist.”

Ringway House will house four surgeries – one designed to meet the needs of patients with a disability – a large reception area, an X-ray unit, a training room and staff and storage facilities.

“Salaried dentists.方式 and NHS Boards now have a duty to work in NHS dentistry and dentists can work in NHS dentistry and dentists can work in NHS dentistry and dentists can work in NHS dentistry and dentists can work in NHS dentistry.

Scotland sees rise in dental registrations

There has been a rise in both child and adult dental registrations over the last three months, according to the Scottish government.

However, Public Health Minister Shona Robison admitted that despite the increase, people in Scotland are still having problems accessing an NHS dentist in certain parts of Scotland and said: “We are continuing to tackle this.”

She added: “Last year we announced, capital funding of £12m through the primary and community care modernisation programme, most of which will be used for the development of NHS dental services – one of our top priorities.

The Scottish government has also increased the number of dental students in training and recently officially opened Scotland’s newest dental school in Aberdeen. The facility will produce 20 trained dentists every year.

Ms Robison added: “In addition, more than 500 students now receive a dental undergraduate bursary scheme of £4,000 per year in return for commitment to work in NHS dentistry in Scotland.”

The Scottish government advised the BOS that, by using a cream background with a matt finish and avoiding red text, the information is more easily assimilated by those with dyslexia.

Copies of Managing the Dental Occlusion: A guide for dental practitioners and the Interproximal Reduction patient information leaflets are both available from the BOS. Information about all BOS literature can be viewed online on the BOS website: www.bos.org.uk or obtained by calling 020 7353 8680.

“Managing the Dental Occlusion” is available from the British Orthodontic Society, 45-47 Portland Place, London W1N 5AD. Tel: 020 7353 8680. Email: s@bos.org.uk

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Bukumbi bound with Bridge2Aid

Dental Tribune, in our ongoing series looking at the Bukumbi Care Centre in Tanzania and the work of Bridge2Aid, describes how one conversation can inspire people to make a difference...

I t’s funny how a chance conversation can lead you to the greatest adventures. Previously, chance meetings have lead to fantastic weekends in France, journalistic opportunities and invitations to meet people it wouldn’t normally be possible to.

This time, it was in the sparkling surroundings of the 2009 BDA Honours and Awards Dinner that serendipity lent a hand. I was sat at a table with colleagues from one of the dental dealers and we were discussing projects we would like to get involved in doing when one of them mentioned that he was participating on a trip with Bridge2Aid (B2A) to help build a community centre at a small Tanzanian village who supported some of the most disadvantaged people in that region.

This piqued my interest because for a while I have felt that as a supporter of dental professionals I would like to make a real contribution to the work that charities such as B2A do, but as a non-clinician I thought there was nothing I was able to do. The rest, as they say, is history.

I was put in touch with Andrew Thurston, divisional manager of cross infection control product manufacturers Schülke UK and lead organiser of the trip. A few days later and I was on the list of intrepid volunteers going to the village of Bukumbi.

Bridge2Aid is a charity working in the Mwanza region of North West Tanzania. It works closely with the Tanzanian Government to deliver aspects of their dental strategy. Its main scheme is the operation of a not-for-profit dental clinic in the city of Mwanza and the training of Rural Clinical Officers (to provide basic emergency dental care in their communities), and have a community development programme for the poor.

This is where the Bukumbi Care Centre comes in. B2A are working in this community to help a group called the Maskini, who are isolated and marginalised by society being among the poorest and most vulnerable people in the region. The education, care and medical treatment they have received in the past have been limited to emergency care due to lack of resources, a lack of transport and the distance of the nearest hospital.

Bridge2Aid, in their role of supporting the development of community care in the region, decided to initiate the building of a community centre at the village of Bukumbi to enable the Maskini to have a place where they could go for assistance. The centre would be a focus for the community’s needs, provide training opportunities and allow people to develop and learn with each other.

This main building project for 2010 is the establishment of a community centre, which is what myself and the team from Schülke, Henry Schein and other areas will be working on. Although the main building work has already been completed, there will be plenty to keep us busy as we help fit it out and make it ready for use. The funds we have raised will also go towards not only this project but many of the other projects that B2A are involved in. In addition, my journalistic experience will come in handy as Dental Tribune tries to document the lives of both the people in Bukumbi and the team at B2A trying to make a difference at both a national and local level.

I am still raising funds for this worthwhile cause. My thanks so far go to my colleagues at Smile-on and Practice Plan for their generous support; also individual sponsors including Aideen, Mia, Sarah, Sam, Louise and David – Thanks for your help!

To donate, go to my fundraising page: www.justgiving.com/bukumbibound. This page is directly linked with the charity, so you know your money is going where it is intended.

I hope you are interested in the journey of the Bukumbi Community Centre and the role I have had in making it happen. I am looking forward to having had the experience, making some good friends and having a fantastic fundraising trip with some great colleagues.
The Access and Quality Agenda – in the slums of India

When I heard that 6,000 children die every day in India, my first questions were: WHAT? WHY? And isn’t India an emerging economy...in that order.

Growing up in sub-Saharan Africa (Zambia) I had seen poverty, but I had never appreciated that India had 20 times the population of the UK and 100 times the population of Zambia. One billion in Africa - 47 governments, 1.2 billion in India - one government. Not easy.

Awareness
No surprise then, when I was approached in the Autumn of 2009 to participate in the Channel 4 series, Secret Millionaire, that I felt compelled to say yes. I meet dentists and doctors from the Asian subcontinent every day, and we often wonder how many of us owe our success to our brave ancestors who migrated in search of a better life and to the opportunities that Britain gave us. I also meet many dentists and doctors who are not from the Asian subcontinent, who want to give time and love to those less fortunate in Africa and Asia - eg through Bridge2aid.

Safeguarding and Safety
Some really bizarre thoughts went through my mind when I first arrived in Dharavi, the largest slum in Southeast Asia. It houses 1.2 million people in 1 square mile; in fact 60 per cent of Mumbai's residents live on six per cent Mumbai's land. I wanted to pick some of those helpless children up and cuddle them...but what were their local child protection policies? I wanted to pull them away from the flying glass in the recycling areas – where was their health and safety policy, let alone risk assessments and safety glasses?

It got worse. The dumping ground was a cesspit, swarming with flies, sewage, animals and people. Not much infection control going on here; HTM 01-05 wouldn't get a look in. Slips and trips policy? Well in a nutshell, try not to slip or trip when the bulldozers come to the dump to make space for more garbage, or you will get hurt!

We are just waking up to the fact that one year is a challenging timetable for us to meet the standards of the Care Quality Commission. What would happen if CQC came to the slums?

Re-defining my raison d'etre
The experience changed my life. I sat in a comfortable space back home in London - I understood Delivering Better Oral Health and care pathways in dentistry, we risk assessed our patients in East London and targeted high needs patients with preventive advice, fluoride and fissure sealants.

Dental disease was preventable and I was used to drilling on about sugar intake and cleaning habits, and spending hours on toolkits. NHS contacts and secondary school entrance exams were the only frustrations, but both were getting better. After all, the DOH's cool A team had come up with a contract that dropped the weighting of UDAs to half of their previous value, and one daughter had already made the transition to secondary school...just one to go.

On the Honey and Mumford learning styles questionnaires, I come up strongly pragmatic, not an activist, not a theorist, not a reflector. I expected to go to India, get some sanitation and education projects going and come home feeling good. Not so. Little was I to know that I would fall in love with the sensibilities and sensitivities of the social entrepreneurs I met in Mumbai.

Chicken or Egg?
Whilst I couldn't tick the boxes on “Quality” as we know it, I saw incredible strengths in the teamwork and resilience of charity workers determined to make a change in India, and I was overawed by the personalised care, respect and support people living and working in the slums showed for each other and for me, a total stranger. How could I have believed that India should have fed its poor before it developed its space programme? What can India do to help its poor unless it creates riches to help them with? I did not teach my kids to write abc before 123, and I certainly won't be waiting for registration with the Care Quality Commission before I register with the Charities Commission.

I have learnt not to judge what I see in India, but to accept it as it is, with its multiple social and commercial facets, and many cannons firing simultaneously. India is cited as one of the BRICS economies by Goldmann Sachs, and Indians are deservedly proud and work hard for what they have.

However, it requires foreign investment, an influx of wealth, and a speedier pace of development to help its people. Go India, you are home to 17 per cent of the world's population; you need a measurable share of the world's wealth to care for them.

Otherwise 6,000 children will die every day for some time to come.

If you would like to get involved with my charity work, contact me through www.seamasharma.co.uk.