Understanding orthodontics

The British Orthodontic Society (BOS) has produced two new guides for orthodontists 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.

It will provide routine NHS dental care to approximately 9,500 patients and will also offer emergency dental care in and out of hours.

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.

“Super dental surgery opens in 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 £82m 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.”

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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. Pre-viously, 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 discuss-ing 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 den-tal 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 con-trol 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 strate-gy. 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 commu-nity to help a group called the Maskini, who are isolated and marginalised by society because they suffer from diseases such as leprosy and other disabilities. This means they have difficulty meeting some of the most ba-sic of human needs such as:

- Clean drinking water
- A nutritionally balanced diet
- Washing facilities for personal hygiene
- Funds to secure medical-dental treatment
- Any means of income generation

B2A is committed to a long-term plan of improvements at Bukumbi, involving input from the community itself and utilising vol-

unteers to carry out refurbishments. As well as providing on-going access to both medi-cal and dental treatment, B2A has, amongst other things:

- Refurbished the toilet blocks and four of the six dormitories
- Provided new beds, bedding, mosquito nets and secure storage for belongings
- Raised £14,500 to fund a new water sys-tem for the Centre
- Employed community development work-er Kibibi Kengia, who has set up an income generation scheme for residents to make and sell their crafts for a small profit.

The 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 build-ing 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 worth-while 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](http://www.justgiving.com/bukumbibound). This page is directly linked with the charity, so you know your money is going where it is intended.

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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 droning on about sugar intake and cleaning habits, and spending hours on questionnaires, I have learnt not to judge my patients, I have learnt not to tick the boxes on “Quality” as we know it, I have learnt not to judge my patients, I have learnt not to tick the boxes on “Quality” as we know it.

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However, it requires foreign investment, an influx of wealth, and a speedier pace of development 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 before I register with the Care Quality 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.

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