BDA calls for ‘detailed engagement’ on pilots

Continued and detailed engagement with the dental profession is vital to the success of the Steele Review pilots, according to the British Dental Association (BDA).

Dr John Milne (pictured, right), chair of the BDA’s General Dental Practice Committee (GDPC) said that there has been a promising start to the evolution of high street dentistry, including good engagement with dentists on the detailed reforms. However he warned against complacency, stressing that the process will only deliver a better system for dentists and their patients, if there is continued engagement.

Speaking after the GDPC’s first meeting of 2010 which was held in London, Dr Milne commented: “Good progress has been made on the process of taking forward the recommendations of Professor Sir Bruce Keen, in his review with the establishment of working groups to consider different aspects of the reforms.

“The Department of Health (DH) has a chance to create a system that really works and the profession is keen to help them do that. The way to achieve that is continued and detailed dialogue. Importantly, the process must also be given the time it needs.”

Dr Milne also reiterated the importance of dealing with the problems arising from the current contract, citing the still unresolved difficulties with the sale of practices and transfer of contracts as an outstanding issue.

He also warned that the problems that are still arising as a result of the Units of Dental Activity (UDA) system will soon be in the spotlight again.

He added: “Many dentists across England and Wales will soon be having difficult conversations with their primary care organisations about UDA targets.

“We urge PCTs to take a constructive approach to those conversations that recognises the issues dentists face and the hard work they do providing care to patients.”

I’ll have veneers and a foot massage please!

Patients at a new dental surgery in Edinburgh are having free foot massages and watching films while they have their dental treatment.

Dr Elaine Halley, who has just opened the £1m Cherrybank Dental Spa in Scotland’s capital, wants patients to be able to relax while they have their treatment.

So patients are given DVD glasses so they can watch films and TV shows such as Friends or Sex and the City.

Dr Halley, the first female president of the British Academy of Cosmetic Dentistry, has found that most people tend to prefer watching comedy shows to distracting themselves from dental treatment.

However she has also found this a problem as on one occasion “a patient was watching a Billy Connolly DVD – he really tried, but he couldn’t stop laughing.”

She added: “It was good that he was so relaxed, but not ideal for his treatment.”

When patients arrive at the dental surgery, they are welcomed by the smell of freshly baked bread, which is made by staff in the building, in order to get rid of any of the normal dental smells.

They can also have hand and feet massages while they are getting their dental treatment.

Dr Halley has taken many of her ideas from America in order to make going to the dentist a much more enjoyable experience.

Death closes practice

An NHS dental practice in Worcester has been forced to close, after the dentist who set it up died in a motorbike accident.

John Bue, set up the Green Dental Practice last June in a motorbike crash.

As yet, no one has come forward to take over the practice.

However NHS Worcester, has said it will continue to look for someone to take over the running of the practice or open a new dental surgery in Dines Green.

The surgery in Dines Green has more than 7,000 patients on its books and employs eight people, including four part-time dentists.

Correction

In the article entitled Tearing a calcified mandibular molar: A Modern Day Protocol (Dental Tribune Vol 4, Issue 1/2, pages 14-15) some images were erroneously duplicated. DT apologises for any confusion this may have caused. If you would like a corrected copy of the article, e-mail i.1isa@dentaltribuneuk.com with the subject line Michels article, and we will send you a pdf.
After months of seeming inactivity, the implementation of the Steele Review is gathering momentum with the announcement of the pilot programme and calls for participants from the dental community. I say seeming inactivity, because as we all know after the flurry of announcements and presentations it was always going to take some time before the profession saw any kind of progress with the establishment of pilots.

In my opinion this process is a little like watching a new building go up from behind a protective wall. There is the initial excitement as the machinery moves in, then frustration as you hear a lot of noise but nothing concrete seems to be happening; then whoosh – suddenly there is a structure in place and you can see what the builders have been up to all this time.

At the 2010 Career Opportunities in UK Dentistry conference held recently, Prof Steele commented on the fact that there are many people who are willing to criticise NHS dentistry and say they have no control over what happens, but that this is a chance to be in control of what happens and be engaged in the process of decision making for the future of NHS Dentistry.

Whether you believe this to be political rhetoric or an honest chance to make a difference is up to you and your opinion of how robust you think NHS dentistry is. But maybe it is worth giving the pilot process a chance and seeing how you fit in – you can either make a difference or be able to say you tried!

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page? If so don’t hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA

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Audit report highlights ‘worsening’ child dental health says BDHF

The dental health of five-year-olds has ‘worsened’ over the last decade, according to a recent report.

The report by the Audit Commission found that dental health has worsened and obesity rates have risen.

The average five-year-old in 2005/06 had 1.47 decayed, missing and filled teeth, compared with 1.45 in 1999/00.

Childhood obesity rose from one in 10 to one in seven between 1995 and 2008, although the rate of growth may now be slowing, the report said.

The report – Giving Children a Healthy Start – said an estimated £10.9bn has been spent, directly or indirectly, on improving the health of under-fives in England since 1999.

Of this, £2.2bn has been spent on Sure Start, a programme to improve services for young children.

It includes children’s centres, maternity grants to cover essentials and family lessons on areas such as dental health and nutrition.

Some parents are not using Sure Start children’s centres because they are unaware of them, or they dislike the ‘judgmental nature of health professionals’, the report said.

It found the investments have not produced widespread improvements in health outcomes.

The report said: ‘Some health indicators have indeed worsened – for example, obesity and dental health.’

The report showed the gap between disadvantaged areas and those in better areas had in fact grown and that a child in a deprived area is 10 per cent more likely to have unhealthy teeth than the average child.

The health inequalities are one of the major goals of the Sure Start programmes.

Steve Bundred, chief executive of the Audit Commission, called the findings ‘disappointing’ and said: ‘The under-fives rarely seem a priority locally.’

The Audit Commission wants local authorities and the NHS to be clear about how much they are spending on the under-fives.

The cash needs to be targeted at improving the lives of the most vulnerable and progress must be monitored, it said.

The British Dental Health Foundation is urging the government to focus on the prevention of dental decay in under-fives, following the report.

The charity has called for more awareness in spearhead areas.

Figures produced by the independent watchdog show around 150,000 more children have decayed, missing and filled teeth in spearhead areas compared with the rest of the country. This is a gap which has increased dramatically over the last ten years.

Children living in disadvantaged areas are 54 per cent more likely to live in workless households and face poorer health conditions than under five’s living in less deprived areas.

Out of these children, one in five has poor dental health.

Evidence clearly shows establishing good oral health during a child’s early years may play a vital role in regards to better health in later life, with diminished levels of heart disease, strokes and diabetes.

The report also showed that children from minority groups have poorer health levels, and their parents are less likely to take advantage of mainstream health services due to lack of awareness or cultural preferences.
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Indemnity costs cut for botox

Indemnity costs for injectable, non-permanent cosmetic procedures such as botulinum toxin and non-permanent dermal fillers in any part of the face (excluding the neck) can now be indemnified within normal subscription categories.

Kevin Lewis, dental director said: “We took a cautious view when we first introduced categories for cosmetic and adjuncive procedures six years ago, and their cost was significantly higher than for our normal subscription categories. At that time we promised a detailed review of our claims experience and these changes are the result of that process.

“Members who have been properly trained in these procedures and who adhere to the new Standards for Cosmetic Injectables will, we believe, be no more of a risk when carrying out these procedures than when they are providing many other types of dental care and treatment.”

Previously, it was necessary either to transfer to a Dental Cosmetic membership category at significantly higher subscriptions, or to buy a separate indemnity for these cosmetic procedures from a third party (usually a commercial insurance provider) at an additional cost.

The Independent Healthcare Advisory Services (IHAS) recently announced the imminent launch of a third party (voluntary) Registration and Inspection Scheme for providers of these procedures, incorporating the IHAS (Quality Mark, which is designed to demonstrate to patients and third parties that the provider has received appropriate training in the use of these procedures, and is committed to the Standards for Cosmetic Injectables under the auspices of IHAS.

The new scheme includes the inspection of the facilities in which these procedures are to be provided.

Caspe Healthcare Knowledge Systems (CHKS) is to be the third party registration, quality assurance and inspection agency.

The procedures carried out in the immediate peri-oral area, nasolabial folds and elsewhere in the face are all included, but the neck is specifically excluded.

Hygienists, therapists and other DCPs are not yet included in the IHAS-CHKS Registration and Inspection scheme, although this is being kept under review by the IHAS.

‘Screen for HPV’ calls charity

Mouth cancer campaigners have called for the new HPV test to be introduced in Britain, to help diagnose mouth cancer in its early stages.

The British Dental Health Foundation (BDHF), organisers of the well respected Mouth Cancer Action Month, wants the screening procedure, which detects a virus strongly linked to oral and throat cancer, to be used on patients in the UK. The test is already widely available in America.

The BDHF believes the test would cut the current number of mouth cancer deaths.

The test is for the sexually transmitted oral human papilloma virus (HPV), which can be carried out in the dentist’s chair.

The patient gargles a special saltwater solution for half a minute and then spits it into a tube which is sent away for testing.

The test identifies one of two exceptionally dangerous forms of HPV – known as 16 and 18 – long before the virus develops into cancer and creates lesions.

Chief executive of the BDHF, Dr Nigel Carter, claims that early diagnosis of the disease is vital. He said: “Currently the best chance of beating the cancer comes from early detection, improving survival rates to more than 90 per cent, so it is important to follow the slogan of the Mouth Cancer Action Month campaign: ‘If in doubt, get checked out’.

Mouth cancer is a potentially fatal condition that is taking more lives each year. Without early diagnosis, chances of survival could plummet down to 50 per cent.”

Mouth cancer has previously been found to be more common in men than women and people over the age of 40, though an increasing number of men and young people are developing the condition.

Research now suggests the human papilloma virus (HPV) could soon rival smoking and drinking as a main cause of mouth cancer.

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