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 development of care pathways and a pledge that pilots will be given time to work and be properly evaluated.

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 Steele’s 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 introduction of the UDA system 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.”

**Sign up for the Smile-on newsletter**

Duration provider, Smile-on, is on the forefront of the latest news information and education opportunities.

By signing up for the free Smile-on newsletter, dental professionals will receive regular updates on training and healthcare news.

A spokeswoman for Smile-on said: “The Smile-on newsletter also advises on upcoming webinars. A breakthrough in education, a webinar is an interactive online tutorial from some of the most highly regarded dental professionals in their field.

“Using this technology, you can learn from the very best in your own time, anywhere in the world.”

Registered users on the Smile-on website can also track their CPD and explore the vast array of flexible training programmes from Smile-on.

Smile-on is dedicated to the dental industry by promoting excellent patient care and career satisfaction through education and training. The expert team from Smile-on are also on hand to offer guidance on the learning material so busy professionals can meet their industry obligations, build up their CPD and advance their skills within dentistry.

For more information about the company or to sign up for the Smile-on newsletter e-mail info@smile-on.com or visit www.smile-on.com.

**International tuition fees**

Tuition fees for international dental students in the United Kingdom have risen over the past year, according to a recent survey.

Unlike fees for home students, those charged to people from abroad are not capped by the government.

The annual survey of universities, conducted by vice-chancellors’ group, Universities UK, found tuition fees for international students, range from about £8,500 to more than £32,000, depending on the course, and over the past decade have risen by between a third and more than half.

The most costly courses were those in clinical medicine and, in particular, dentistry where taught degrees averaged £24,500 and could be as much as £52,700 a year.

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.

**I’ll have veneers and a foot massage please!**

**Paul Bates**, chief executive of NHS Warrington and Halton Clinical Commissioning Group, commented: “Following the tragic death of the dentist at the Green Dental Practice last year, NHS Warrington was legally required to tender for this service. The tender process is currently underway and NHS Warrington remains committed to providing dental services within the Dines Green area.”

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 ‘Treating 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 us at info@dentaltribune.com with the subject line ‘Michels article’, and we will send you a pdf.
Editorial comment
Affecting change in dentistry

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!

Premier Awards

Dental Protection and Schülke are celebrating the 10th anniversary of the Premier Awards.

The Premier Awards were set up to reward dental professionals who recognise the importance of patient safety within the dental practice.

With a total prize fund of £6,000, the Premier Awards offer one of the largest cash prizes for dental risk management projects in the U.K.

There are now six subject areas available in the competition.

These are Ethics and professionalism; Record keeping; Cross-infection control; Teamworking and Skillmix; Consent and communication; Health and Safety.

All members of the dental team are eligible to enter, whatever stage of their career they have reached.

The event will recognise individual achievements in developing awareness and the effective management of risk within clinical dentistry.

This year’s awards will be presented during The Premier Symposium to be held at Kings College, London on 4 December.

To request an application, or for more information on the Premier Awards visit: www.dentalprotection.org or contact Sarah Garry on 020 7399 1339 or by emailing sarah.garry@mps.org.uk.

The closing date for entries to this year’s Premier Awards is 3 September.

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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 1998.

Of this, £7.2bn 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 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 9 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-five’s, 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.

Chief executive of the British Dental Health Foundation, Dr Nigel Carter said: “Dental disease is the most common preventable childhood disease and good education at an early age can have a significant impact. Parents are very much responsible for helping their children to develop a good oral health routine and ensure regular visits to the dentist.”

It is recommended that young children should start to go to the dentist as soon as possible, attending as often as the dentist recommends.

‘Extraordinary’ company

Payment plan provider, Practice Plan Ltd, has been named as an ‘extraordinary’ company to work for, after achieving 3-Star Status in the Best Companies Accreditation 2010. This makes it one of the top 50 best companies in the UK to work for.

Jonathan Austin, founder and chief executive of Best Companies said: “We would like to congratulate Practice Plan on their outstanding achievement. An engaged workforce is essential as organisations move out of the recession and into a more stable economic situation. No doubt many organisations have tackled redundancies and rapid change this year.

“But organisations like Practice Plan that have kept on engaging their staff and making sure they are involved in the business will be in a good position for the future and should be congratulated.”

The results are based on staff feedback and research by Best Companies to determine how the leadership, opportunities for personal growth and well being contribute to making the organisation a good company to work for.

Only companies who achieve the results are awarded the Michelin style star status; one star being first class, two stars outstanding and the award of three stars for extraordinary.

Practice Plan’s managing director Nick Dilworth puts the practice’s success down to “the way in which we have all pulled together as a team in what has otherwise been a challenging year. I am privileged to be part of such a formidable team whose continued enthusiasm and commitment is beyond question.”

CQC consultation launch

The Care Quality Commission (CQC) has launched a public consultation on proposals to promote high quality healthcare through a new approach to assessments in 2010/11.

The assessments will apply to all NHS trusts. Under the proposal, the CQC’s further assessments of quality will promote improvement by providing independent information about the quality of care.

The proposals for 2010/11 include regular scored assessments of healthcare organisations as well as in-depth special reviews and national studies looking at selected areas of healthcare requiring special attention.

The commission’s new assessment approach, together with its registration system, will provide an immediate, credible picture of dental healthcare that will promote improvement and allow swift action to be taken where poor dental healthcare exists.

As with its registration system, assessments of quality will prioritise the experiences of people who use NHS dental healthcare services and will carefully consider their outcomes.

The new plans include a move away from an overall score for PCTs as commissioners of healthcare. Instead, parts of the assessments will be scored separately to provide detailed information about the quality of specific areas of healthcare such as dental healthcare.

The consultation closes on 27 April and CQC will consider all feedback before publishing its finalised plans later this year.
From design concepts to full installation we have the expertise and knowledge to guide you through every aspect of a new surgery setup. We have access to the highest quality equipment from the world’s leading manufacturers and combine this with beautifully crafted surgery furniture from our expert cabinet makers, to provide you with a full-service solution to meet your individual needs. So whether you’re refurbishing an existing practice or completing a new build, let our team of professionals take control.

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Indemnity costs cut for botox

Indemnity costs for injectable, non-permanent cosmetic procedures such as botox are now available at a lower rate at the dental indemnity organisation, Dental Protection.

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 adjunctive 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 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 Action Month 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.

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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.