Tories unveil new dentistry reforms

Dentists will be required to work for the NHS for at least five years.

The Tories’ plan to reform NHS dental care in England includes school check-ups, missed appointment fees, NHS work quotas and scrapping the unit of dental activity.

Under the plans, which are outlined in a document titled Transforming NHS dentistry, the Conservatives said they would make changes to the contract to bring back registration so dentists were paid to provide treatment to a set number of patients with incentives in place to encourage good care similar to the current GP contract.

Their proposals also include a return to school screening for five-year-olds.

Dentists trained at taxpayers’ expense will also be required to work for the NHS for at least five years, instead of the current three year minimum.

They also want to see a tough stance taken against people who consistently miss appointments by giving dentists the power to charge them for failing to turn up.

Shadow health secretary Andrew Lansley said: ‘Dentists are fed up with the flawed system of perverse incentives that Labour have introduced.

We will make preventative treatment a real priority because we urgently need to improve our nation’s dental health.’

The Conservatives have pledged to properly pilot any reforms they bring in.

John Milne, chair of the British Dental Association’s (BDA’s) General Dental Practice Committee, said: ‘The dental contract that was introduced in 2006 has created significant problems for dentists and patients alike.

Those problems have been well documented, by the BDA, patient groups and the Health Select Committee.

In seeking to address those problems it will be important to afford access to treatments to all and ensure that dentists can provide modern, preventative care.

Also vital is engagement with the profession in developing the details of these proposals and properly testing new arrangements before they are implemented. The BDA looks forward to discussing those details and telling them further.’

Lib Dem health spokesman, Norman Lamb, argued that the government’s new dental contract is not working, but said: ‘I am not sure that the Tories are suggesting will work. It could create turmoil in the health service. We are looking into this issue as we feel it is a priority.’

Preventing back pain

A n e-learning solution giving practical help on how to prevent occupational back pain has been launched.

The CD-Rom Perfect Posture for the Dental Team, was produced by Smile-on in conjunction with Ellis Paul, who has more than 30 years of experience in teaching perfect posture and four-handed dentistry in the UK and overseas.

Studies have shown that 80 per cent of dental professionals suffer from back or neck pain caused entirely by working in distorted postures.

This is a symptom of an underlying condition which can vary from merely an unpleasant pain to a permanent musculoskeletal lesion.

At best it makes life miserable - at worst it causes absence from work (with often considerable loss of income) and frequent visits to physio and osteopath.

In some cases it has forced dentists into premature retirement.

This e-learning programme, which is also available online, aims to prevent pain, disability and depression of work standards due to musculoskeletal problems.

Just a few of the techniques shown include using the five variables, better access and visibility, direct and mirror vision, soft tissue control, aspiration and instrument handling - plus correct stools and seated posture.

A spokesperson for Smile-on said: ’Back and neck pain is preventable and amazingly most dentists either do not seem to know this or, if they do, don’t bother to take appropriate steps to do something.

Surely it is far more sensible to take relatively simple measures to prevent it occurring in the first place rather than waiting till they are in pain and rushing off for treatment.

The CD-Rom produced by Smile-On provides the complete solution to the problem. It comprises the whole of Ellis Paul’s One-day Hand’s On Course but with additional techniques such as rubber dam, and a whole section on exercises.

Recognising that it is not only dentists but dental nurses, therapists and hygienists also suffer occupational back pain, it shows how the same preventative techniques apply to them as well. Thus it is for the whole team.’

For more information please call Laura McKenzie on 020 7400 8989 or email info@smile-on.com

Dr. Johan Swartenbreed from the University of Liege, Belgium. Swartenbreed started to carry out research on potential problems with dental fillings.

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Swine flu dentistry link

Bad dental hygiene could increase the risk of swine flu, according to the British Dental Health Foundation.

The National Dental Survey carried out by the British Dental Health Foundation as part of National Smile Month found that dreadful dental habits are helping spread germs as 40 per cent of the UK population admit to picking their teeth with their fingernails.

The survey found that people are also picking their teeth with everyday items such as earrings, credit cards, paperclips, paper and even screwdrivers.

Foundation chief executive Dr Nigel Carter said: ‘Hygiene warnings have been made clear even since the swine flu outbreak, and it is worrying that these habits have been re- sumed as the numbers affected by flu steadily rises. Personal hygiene should be a top priority for all.’

Research highlighted the UK’s lack of awareness of the importance of oral health, with research linking gum disease to heart disease, diabetes, strokes, premature births, low birth–weight babies and, in recent early studies, infertility.

Yet awareness of these important overall health links is low.

Two-thirds remain unaware of possible links to heart disease, four in five knew nothing of the links to strokes or diabetes, while 84 per cent of re- spondents had no clue of potential risks posed to pregnant women.

‘The public could be put at risk by poor dental hygiene habits yet awareness of these links is very low,’ said Dr Carter.

Gum disease in particular has been linked to serious health issues. It affects most people at some point in their lives, so there is no excuse for ignoring good dental hygiene.

People should take care of their gums by brushing twice a day with fluoride toothpaste, cleaning between teeth with floss or an interdental brush, cutting down on how of- ten they take sugary snacks and drinks and visiting the dentist regularly, he added.

The Foundation’s National Dental Helpline is available with expert advice for the public on 0845 065 1188.

Dreadful dental habits are helping to spread germs

With National Smile Month just over, the Department of Health (DH) has issued guidance to dental practices on what to do if the swine flu outbreak turns into a pandemic.

The DH is warning dentists that fewer pa- tients will attend a dental practice for treatment during a pandemic as illness and anxiety will en- courage patients to cancel or delay ap- pointments.

However some patients both well and ill will need dental treatment.

All patients should be screened for symptoms of flu before attending the practice by telephone and again on arrival at the practice, said the DH.

Treatment of infected pa- tients should be limited to pain relief and should avoid aerosol- generating procedures where possible and infected patients should be segregated from well patients.

The full guidance can be found on the Department of Health website at www.dh.gov.uk

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My technician told me that the current climate is not easy for dental labs, which have to cope with a 20-30 per cent increase in materials purchased from abroad. With a decline in output since 2006, many laboratories are struggling to find money for future investment and are forced to constantly evaluate the service they provide in terms of cost, quality and value. With the decline in the pound forcing the cost of materials up and rising competition from overseas laboratories, it is clear that something has to give, but it is also clear that neither dentists nor patients benefit from these changes.

The HSC found that the number of complex treatments such as crowns, bridges and dentures had fallen by 57 per cent since 2006 whilst at the same time extractions were rising. The initial promise of dentists having more time for preventative care seems to be superceded by the reality that for some this new system offers little more than unrealistic targets, with every complaint raised by the profession answered with the ambivalent term ‘swings and roundabouts’. The rising cost of lab-work, materials and cross infection procedures illustrates the inflexibility of this approach and acts to further undermine confidence in the future of the NHS.

Whilst the retail price index stands at 3.2 per cent recommendations from the review body on doctors and dentists pay have set dentists pay rise at just over a fifth of one percent, which in real terms means a pay cut. Clearly prudence by central government needs to be exercised especially in our current economic climate but why should individual practices be left to pick up the tab when providing a national service? Perhaps it is here where government needs to rethink the sensitive balance between cost, quality and value when deciding on future commissioning.

The tightening of cross infection regulations in dental practices is surely a good thing. As times change, so does our understanding of how we face the challenges of modern day dentistry. Unlike hospitals, dentists face a delicate balancing act between providing health care and running a business. Hospital doctors in this respect do not have any direct financial burden if choosing a treatment option which is not cost effective, whilst dentists still do. So when a change in regulations such as the introduction of single use endodontic files or washer-disinfectors is introduced, GDP’s directly feel the pinch. In a hospital setting this may not be such a problem, but in general practice making large investments such as these can have a bigger impact.

Regardless of which side of the fence you sit on, the question lingers on: is the NHS providing a service based on cost, quality or value? Of course the answer is probably a little bit of each, but as the cost of dentistry rises within the confines of a rigid, target driven contract what should we expect to give? And do the general public really expect cross infection controls (suitable more for complex brain surgery than general dentistry) at any cost? 

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* Graphical representation based on SEM photography; for illustration only

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has completed a year-long postgraduate certificate in implantology at UCL’s Eastman Dental Institute, and regularly attends postgraduate courses to keep up-to-date with current best practice.