BDBS thrilled with launch success

The British Dental Bleaching Society (BDBS) was delighted with the response that greeted its official launch. The interest in tooth bleaching was high, and the BDBS outlined aims, objectives and the benefits of membership to interested attendees.

One of its main aims is to focus on controversial issues such as the classification of tooth whitening kits as cosmetic products and visits from trading standards officers to dental practices.

In addition, it is concentrating on the General Dental Council (GDC)’s statement that only registered dentists should be providing the service, as well as the misleading information circulated about chlorine dioxide.

The end may be in sight for one long-running dispute over bleaching. At a meeting in Brussels on June 8, the European Union (EU) Commission took another step towards a coherent policy on tooth whitening.

There was no change in its stance that materials used should be considered ‘cosmetic’ products, but a decision was made that they should only be used by, or under the direction of, a dentist to bring the EU into line with the GDC.

The significant step forward joined the decision to allow dentists to use up to 6 per cent hydrogen peroxide. There was some debate over whether tooth whitening products were ‘sold’ to the patient or, as the UK argued, part of the treatment.

In some EU countries dentists are not allowed to sell products to patients. However, the latest proposals have been sent to member states with replies required by the end of June.

For further information, on the society, contact, L.greenwall@btconnect.com or anna.watson@btconnect.com.

The interest in tooth bleaching was high

Four dentists receive honours

Deputy chief dental officer (CDO) Tony Jenner, who will be retiring later this year was appointed CBE. He has been responsible for several Department of Health (DoH) initiatives including, last year, the Prevention Toolkit. He was originally seconded to the Department from Chester where he was a consultant in dental public health. He has been deputy CDO for two years.

Also made a CBE is Surgeon Commodore (D) Graham Morrison who recently retired as Director Naval Dental Services.

An MBE goes to Kieran Fallon a general dental practitioner in Glasgow for services to NHS dentistry and community in Scotland. Kieran has been a prominent member of the British Dental Association (BDA) serving on its representative body and general dental practice committee in Scotland, among many other roles.

Also made an MBE is Matthew Gill a general dental practitioner in South Shields for services to NHS dentistry. He is elected member of the BDAs dental practice committee.

Contract damage ‘must be unravelled’

The Department of Health (DoH) must undo the damage done by the new dental contract, while dentists need to seize the opportunities that will emerge from the chaos, delegates heard today at the annual Local Dental Committees’ conference in London.

Addressing the conference, the Chair of the British Dental Association’s (BDA) General Dental Practice Committee, Dr Lester Elman said:

‘We need evolution, not revolution.’

The Department of Health must work with the profession, not against it. Dentists need stability to grow their practices which the contract does not provide.

‘We need change – not a knee-jerk, panic-stricken, untried change but evidence-based, tried and tested change. We need evolution, not revolution.’

He also renewed the BDA’s call for dentists to be permitted to transfer their NHS contracts to new owners, thus maintaining the goodwill value of practices and allowing long-term business stability.

Dr Elman also urged the DoH to sort out poor performing primary care trusts. He advised dentists to be alert to opportunities which could arise from the additional funds the government has invested in NHS dentistry.

The additional money will allow more innovative PCTs to commission services without UDA output being the sole criterion.

‘We, as the profession, need to be looking for ways to assist our PCTs to use this money wisely, to explore new contracting opportunities to advantage, for ourselves and our patients.’

Dr Elman urged conference to accept the important role that LDCs have in engaging with PCTs and patients to develop robust local commissioning structures and in sharing good practice.

Essential registration looms closer

Delegates and nurses and dental technicians who haven’t yet registered with the GDC, should do so now, the GDC urged today.

In a move to strengthen patient protection, registration with the GDC is now compulsory for all members of the dental team. Dental nurses and dental technicians must ensure they are registered by 50 July 2008.

The GDC will be accepting completed application forms right up to the last moment, but urgent those eligible for registration to apply before then.

‘We have put huge effort into ensuring that no-one misses out on their opportunity to register,’ said GDC President Hew Mathewson.

‘The so-called transitional arrangements recognise that many dentists and dental technicians are experienced and confident thanks to doing their jobs well over a long time. But we cannot hold the door open for ever.

We have registered literally thousands of dental nurses and dental technicians over the last few months. It would be a terrible shame if there were any who were eligible to apply on the basis of experience, but failed to do so. If you’re eligible and you haven’t applied yet, I urge you to do so now.

From 51 July 2008, you won’t be able to register with the GDC as a dental nurse or dental technician unless you have a current recognised qualification.

Current registrants need to take action too. Make sure your team colleagues are registered. If you work with unregistered colleagues after the 50 July deadline, you could be putting your own registration at risk.

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For registration application packs and more information, please go to www.gdc-uk.org/PotentialRegistrant, call us on 0845 500 7794 (UK local rate) or email GDCregistration@gdc-uk.org. The registration fee is £96 and will cover dental nurses and dental technicians up to July 2008.
Chairing a Conference of one’s peers is an opportunity that only a few receive. It gives you an opportunity to speak unopposed to a listening audience at the pre-Conference Dinner and to have the chance for all to hear your views, on topics of your choosing.

I wrote, rewrote and then again redrafted the speech many times and when you deliver it, you hope that some of what you have said has made your audience think, and when a large number stand up to applaud, it does exhilarate. You hope your words spark action, based on what happened the following day at LDC Conference; I may have a long wait.

I have become a figure of resistance, slightly untrue, in that I have only opposed unfairness within the contract, rather than the underlying principles of local commissioning. Resistance is fading fast based on how few at Conference now wish for a radical review of the contract.

Lester Ellman approaching the end of his tenure as Chair of GDPC and addressing his last LDC Conference in that position, spoke of evolution, and no doubt all his hard efforts have taken its toll. Few thought his actions of breaking dialogue with the Department of Health (DoH) at the time he did, was wrong. Many have used hindsight to criticise. I am pretty sure no one else could have tried harder, but his lack of success has frustrated us all.

The coming months will be most interesting to see who takes on this poisoned chalice, with two potential candidates speaking at Conference in the shape of John Mooney and John Milne. John Milne will be known for his work with the Key Stakeholders Group and Darzi Review, and John Mooney is popular amongst the GDPC members.

Richard Grant’s motion on no confidence in the minister received unanimous support, but few in the media took up the story from the press release.

There are tales of the 1992 Conference where debates were almost riot like, but that fire seems to have gone from the belly. This Conference was sparked on rare occasions, once by a motion from Northampton LDC about the failings of nGDS to provide even a core service. The delegates split equally in the vote, perhaps indicating the real division that now exists between those who hate and those that tolerate the new contract.

I had appealed for controversial motions but few came forward, and any Conference is affected but what debate can be had. The years of huge numbers of motions have passed, and few passed this time will ever persuade political decisions. It takes a good long memory to remember when a motion has done that.

In contrast though to a lack of enthusiasm for a position on GDPC which went to Clive Harris unopposed, positions within the LDC Conference were fought, with Jerry Asquith and Richard Emms given the mantle to take the Conference on.

I had accepted an offer from the CDO to lead a delegation for meetings, two of which have now occurred. Dialogue is always good and this was a decision made by Conference to continue, that I was pleased to see.

With the power of local commissioning and LDC influence, Conference has a real future but delegates need to remember this – for they are the life blood and can nurture or destroy that.

Eddie Crouch, LDC secretary for Birmingham
Heavy investment for the West

Health bosses say they are investing heavily in West dental services and that NHS dentistry is not in crisis.

Fewer people saw an NHS dentist in December 2007 than in March 2008, before new dental contracts were introduced.

Seven out of the West's nine primary care trusts reported a decline in the number of NHS dental patients.

Gloucestershire PCT saw the biggest drop, with 17,751 fewer patients, but a spokesman said yesterday: 'The PCT recognises NHS dentistry is a key priority for local people and we will be investing significant extra funds this year.'

This includes working with a number of practices to expand their work for the NHS and opening new dental centres in the Cotswolds, the Forest of Dean and Tewkesbury.

'This commitment builds on the opening of two centres last year in Cheltenham and Tewkesbury, and expansion of the Eastgate Dental Practice in Gloucester.'

NHS South West has also pledged to invest in NHS dentistry. The Strategic Health Authority (SHA) announced a £149.4 million surplus for last year, which is to be spent on a shake-up of healthcare.

Three years ago, the three SHAs that NHS South West was formed from had a combined deficit of £46m, and 18 months ago the South West region was one of the worst performing areas in the UK. It is now one of the best. Bill Boa, the SHA's associate finance director, said the surplus was achieved by making trusts more efficient and reducing costs - not by making cuts.

He said: 'Dentistry is an important issue. We have key priorities in our future framework and dentistry is one.'

In Wiltshire, £1.4m is being invested in NHS dentistry, and £1m in Bath.

Dentists join NHS Choices

The health service's year-old website is to encompass dentists, pharmacists and social care.

NHS Choices will extend its pages of service providers to include dentists and pharmacists, as well as beyond healthcare to social care, according to its head of strategic development Bob Gann.

'Almost 5,000 GP practices are editing and have taken control of their own pages on NHS Choices,' he told Dental Tribune. 'Hospitals can regard it like their own MySpace (pages).'

The site has just introduced a personalised version, allowing users to create their own page with the practitioners and subjects of interest to them. Gann said NHS Choices is working with Connecting for Health to integrate this with its HealthSpace project, which provides a secure online system which will eventually give access to electronic patient records.

Gann said that NHS Choices, which opened on 11 June last year, has successfully introduced TripAdvisor-style comments on hospitals - to which the hospitals have a right of reply - and blogs on certain conditions.

Street check-ups for the disabled

A dentist called yesterday for planning officers to live 'in the real world' after a 90-year-old woman was forced to have her teeth checked in the street.

Mary Hedges was unable to get into her dental practice because of the entrance in March because it could accommodate the growing practice.

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New practice for Stockbridge

Stockbridge residents no longer have to travel miles to see a dentist, with the opening of a new practice in the village.

The opening party saw over 100 guests enjoy champagne and canapés to celebrate the River Dental and Cosmetic Clinic opening.

The new clinic in Clarendon Terrace offers appointments for simple check-ups, emergency toothache relief and hygiene, through to state of the art cosmetic treatments.

One of the owners Dr Alistair Gallagher, who also co-owns another dental clinic in Oldstock, Salisbury, is thrilled Stockbridge now has the opportunity of a local dental clinic.

More NHS dentistry for Bristol

More people are seeing NHS dentists in Bristol, according to the new statistics released last week. Figures show that 10,420 more patients were seen in the city during the past two years than in 2000 to 2006.

But two Bristol dentists have told Dental Tribune there are still problems with the new system and some patients still have to be turned away.

The new figures from the show South Gloucestershire Primary Care Trust dentists have seen 7,545 more patients. But NHS dentists in Bath and North East Somerset PCT and North Somerset PCT saw 12,085 and 5,751 less patients, respectively.

Bristol PCT plans to improve its services with new practices in Fishponds, Southmead and Hartcliffe to open by the end of the year, and emergency contracts added to surgeries in central Bristol.

It is also launching its helpline service next month so people who need a dentist can find out where they can be treated in an emergency or for routine appointments.

Mike Frain, who runs five practices in the Bristol area, said: there are still issues to be dealt with.

What is really grating on dentists is that from practice to practice there are disparities in the amount they are paid because of the way UDAs are calculated.

Some practices also use up their allowed number of UDAs before the end of the year so have to turn patients away, Dr Martin Sasada, who runs the Bristol Dental Anaesthetic Clinic in Clifton, said: 'When the new contract was introduced, we were given funding that was about 20 per cent less than in previous years.

As a result, we are obviously able to treat fewer NHS patients. We turn NHS patients away every day.'