Focus must shift when treating children

A clinical lecturer from Dundee Dental School has challenged the traditional way of managing dental caries through prevention and described a new way of looking at children’s dentistry, in a presentation to the British Dental Association conference and exhibition.

Dr Nicola Innes said the focus when it comes to treating children, needs to shift from invasive treatment of the deciduous teeth to limiting experiences that could lead to dental-induced anxiety in the future. Too often intervention in childhood, she said, can result in the development of poor attitudes to dentistry in adulthood.

To mitigate against this, Dr Innes argued that the dental profession should aim to allow children to reach adulthood with a nat- tured dentition, free from caries and restorations with the individual having the motivation and skills to care for their own oral health with a positive attitude to dental care. She described this approach as rational and evidence-based.

Managing caries in deciduous molars should therefore aim to minimise the risk of pain and sep- sis, Dr Innes said, and instead of using a drill or extract approach, preformed stainless steel crowns could be used. She described what was involved in the so-called “Hall” technique, details of which can be found at: www.scottishdental.org/?o=1404

Managing the primary dentition in this radical way needs to take parents, the child and the dental team on board. The three-pronged approach to affect change for the dental team involves changing attitudes and priorities, maximising prevention as well as biological caries management.

Commenting on the views expressed, Andrew Lamb, BDA Scotland Director said: ‘This was a fascinating presentation and will challenge the preconceptions and attitudes of those who heard it.”

Vintage posters promote oral health

The British Dental Association has unveiled a series of vintage posters and postcards promoting oral health at its conference in Glasgow.

The posters and postcards feature designs produced by the Ministry of Health between the 1930s and 1960s.

A spokeswoman for the British Dental Association (BDA) said: ‘This exclusive series, uses a combination of eye-catching vintage illustrations and photographs to emphasise the value of good oral health and nutrition in a fun and novel way.’

Divided into two groups, the first set of images combines vibrant, iconic graphics to add impact to taglines such as ‘Teeth matter!’ and ‘First teeth are important’.

The second group is made up of a collection of photos depicting a variety of domestic ‘vignettes’ in black and white, which highlight dental health tips and link healthy teeth to good looks and better living.

The 12 images in the series were selected from the BDA museum archives and are available either individually or as a set. Prices range from £5 for a set of 12 postcards, to £195 for a full set of 12 posters. Framing options are also available.

Talking is key to success

Communicating with patients is essential for the wellbeing of dental practices, said psychologist Sheila Scott. She advised delegates at the British Dental Association conference and exhibition.

Ms Scott’s entertaining presentation on good communication with patients, recognising it as one of the most important activities in dental practice.

‘The power of patient questions is underestimated,’ she said. ‘They can be really powerful when used to find out what patients want from the practice and their dentists. Too often they are used only to find out about what patients think about the practice.’

Ms Scott who runs a consultancy service for dental practices described the types of questions that can elicit useful information and get patients to reveal more about what they want from their dentist.

From a recent survey of 1,745 patients, she identified the following attributes as the most important factors for patients: trusting a dentist (90%); ensuring healthy teeth and gums (77%); being seen quickly/emergency care (77%); sterilisation/patient protection (76%); general cleanliness/hygiene; skills of the dentist.

If the above are in place, the least important factors are: convenient appointment times; cost; skills of the hygienists; treatments for appearance; being seen on time.

The dental health examination is vital for the patient – and is the main reason for attending a practice in the first place. However, this activity is often viewed by the dentist as the most boring or least interesting.

Sheila Scott urges dentists to make more of the examination and to involve the patient at every stage – using language that the patient understands, helping them to assume responsibility for their health more easily.

She also pointed out the importance of discussing the cost of treatment early. Patients, she said, only get worried about how much it costs when they don’t know. Once they have been advised of the cost, they can concentrate on what the treatment involves.

Denplan gets a makeover

Dental payment plan specialist, Denplan, unveiled its new, refreshed brand at this year’s British Dental Association conference.

The Denplan apple that has become so familiar among the profession and patients alike remains, but there is now a new stride – ‘at the heart of dental care’.

Denplan hopes that the new look and feel will be clearer and easier to understand and has been designed to work harder for practices.

Commenting at the launch, Sarah Bradbury, Denplan marketing communications and brand manager said: ‘The Denplan brand has come to symbolise ethical, professional and quality dental care.

Patients recognise and expect these values of Denplan practices. The Denplan portfolio of business services has expanded greatly over the years offering far more than payment plans and our new stride clearly demonstrates the value-added services we offer.

As a platinum sponsor of this year’s British Dental Association (BDA) conference and exhibition in Glasgow, Denplan chose the conference as the platform to introduce the updated look.

Managing director, Steve Gates, added: ‘Denplan has been at the heart of dental care for over 22 years and our brand identity now clearly reflects this.

As an organisation, we understand the need to be innovative and to continually review how we are portrayed to the outside world. I see this as a wholly positive exercise for Denplan, our member practices and their patients.’

Along with the refreshed brand, visitors to the Denplan stand were also refreshed with a choice of ice creams in celebration of the launch.

Dental Protection launches DPLXtra

The professional indemnity organisation, Dental Protection Limited, has launched a new practice programme at the British Dental Association conference in Glasgow.

The DPLXtra programme is designed to encourage good practice, and a team approach to risk management.

Practices of any size can join the DPLXtra programme by paying an annual registration fee which reduces in cost according to the number of Dental Protection members in the practice.

Benefits of the programme include reduced subscriptions for individual Dental Protection Limited (DPL) dentists, hygienists and other dental care professionals working in the practice, and free DPL indemnity for all dental nurses (or dental technicians) working within the practice – not only for negligence claims, but also for General Dental Council investigations and other professional challenges.

There is also automatic indemnity for all reception, management and administrative staff employed in the practice, in respect of professional matters, including data protection.

Practices will also receive a practice-management resource created by Dental Protection in conjunction with Croner Consulting.

The free subscription to this web-based service provides updated guidance for the practice team on the various employment, legal and regulatory matters affecting them.

Kevin Lewis, dental director at DPL said: ‘The enormous response to DPLXtra and to Dental Protection’s greater presence in Scotland was overwhelming. The enthusiasm displayed at the BDA conference directly after the official opening of Dental Protection’s new offices in Edinburgh, left me wondering why we haven’t had a permanent base in Scotland earlier.’

Hugh Harvie, head of Dental Services Scotland, said: ‘DPLXtra offers terrific value – especially when you take into account the many additional benefits available to the practice team.

He added: ‘The web-based management tool alone will make it popular with practice owners and managers throughout the UK.’
Taxpayer foots £15m emergency bill

More than 22,000 people in Britain were admitted to hospital for emergency dental treatment last year, according to the NHS Information Centre.

The statistics, obtained by the Conservatives from the NHS Information Centre, show a total of 22,058 people had to be admitted to hospital for emergency dental treatment in 2007/08 – an increase of one per cent on the 21,801 admitted in the previous year.

Another 1,101 people were admitted to hospital after being referred by their GP – a rise of five per cent on the previous year.

The data also revealed that in some parts of England, people were more likely to be admitted for emergency dental treatment than in others.

Those residing in Liverpool were 14 times more likely to do so than those on the Isle of Wight.

The Conservatives estimate the cost of emergency admissions to the NHS is around £15 million a year.

Shadow health secretary Andrew Lansley called the figures ‘further evidence of Labour’s appalling failure on NHS dentistry’.

He added: ‘For years now, many people have been simply unable to see an NHS dentist and almost a million more have lost access to their dentist since Labour’s new contract was introduced in 2006.’

However, Health Minister Ann Keen said: ‘While we want to see emergency admissions kept to a minimum, these figures should be put into perspective.

Data shows an increase of just 257 (or one per cent) admitted to hospital, compared with the 56 million courses of treatment that dentists delivered in 2006.’

Recession hits dentists

The number of dentists seeking financial help has risen as the credit crunch takes hold, according to the British Dental Association’s Benevolent Fund.

Last year, the Fund saw a 50 per cent increase in applications for financial assistance over the previous year, and this rise continued in the first three months of 2009.

More than half of regular beneficiaries live on means-tested benefits, and following a particularly cold winter that required the provision of extra fuel grants, the Fund is appealing for extra donations.

The Fund’s expenditure exceeded income by £44,000 last year, and all indications are that the number of applications will keep on rising.

GDC welcomes law change

The General Dental Council has welcomed a change in the law that allows dentists to request an emergency supply of a prescription-only medicine.

The issue arose after a practising dentist was asked by a patient for a prescription of antibiotics from their local pharmacist over the telephone.

The dentist was told by the pharmacist that they were not allowed to issue a prescription via a telephone request from a dentist under any circumstances.

After being alerted to the incident, the General Dental Council (GDC) contacted the Royal Pharmaceutical Society of Great Britain (RPSGB) which said it understood dentists have never been legally able to request an emergency supply of medicine.

UK registered dentists were excluded from an amendment made to the relevant legislation in November 2008 (Medicines for Human Use (Prescribing EEA Practitioners) Regulations 2008), allowing practitioners in many other EU countries to do this.

Calling BRONJ patients

A two-year national study on patients with avascular necrosis of the jaws is to be carried out by the Faculty of General Dental Practice (UK) in partnership with the British Association of Oral and Maxillofacial Surgeons.

The UK-wide new patient registration study for patients with avascular necrosis of the jaws, including bisphosphonate-related osteonecrosis (BRONJ), is relevant to all who diagnose and treat patients with avascular necrosis of the jaws/BRONJ.

The study will look at patients referred to oral and maxillofacial departments and dental hospitals in England, Wales, Scotland and Northern Ireland during the period from 1 June 2009 until 31 May 2011.

The clinical leads for the study are Professor Simon Rogers for British Association of Oral and Maxillofacial Surgeons (BAOMS) and Dr Nikolaus Palmer for the Faculty of General Dental Practice (FGDP(UK)).

The project is web-based and data will be recorded via the following link and all documents, including the protocol, patient consent and patient information forms, can be viewed and downloaded from: https://web.reseng.ac.uk/bijn-research-project/

All those who would like to participate in the study, please contact the BRONJ Project Manager, Amitra Narain on 020 7869 6750 or email bronj@reseng.ac.uk