Government to review its dental ‘inheritance’

The new dentistry minister has confirmed that the government will review the details of the NHS dental ‘system that we have inherited’.

Earl Howe, the Parliamentary Under-Secretary of State for Health with responsibility for dentistry, also confirmed that the government’s proposed reforms will be announced once they have talked to the profession and patient groups.

Earl Howe’s comments were said during the Queen’s Speech Debate in the House of Lords, in response to a speech by Lord Colwyn, a dental surgeon and Conservative Peer.

Lord Colwyn spoke of dentistry as being at ‘another crossroads’.

He said that the decisions made in this Parliament to transform the delivery of NHS dentistry will be “extremely important. We have been left with an unfinished reform following the 2009 Stockle review. We must grasp this opportunity if we are to improve the oral health of the nation”.

Lord Colwyn, who is also an officer of the All-Party Parliamentary Group for Dentistry (to which the BDA is elected secretary), said that the challenge of delivering universal health care at a cost must be “extremely important. We have been left with an unfinished reform following the 2009 Stockle review. We must grasp this opportunity if we are to improve the oral health of the nation”.

He also welcomed the coalition government’s commitment in their programme for government.

“The acknowledgement of dentistry in this document is very positive and much needed,” he said.

He also alluded to the extra regulation that dentists will have to adhere to as both NHS and private practices will have to be registered with the Care Quality Commission by the end of March next year.

Lord Colwyn called the challenge threefold: “First, the government must complete the unfinished reforms, learning from the mistakes of the much criticised 2006 contract—in particular, avoiding the failure properly to pilot change. The contract was so disastrous that it initially saw access fall dramatically. Only in the past six months has access climbed back to the level it was at in 2006. I am delighted that the government have committed to pilot any changes.

“Secondly, we must pursue consistently high-quality commissioning of primary dental care. Some PCTs perform well, but many have room for improvement. They must be properly supported in their work, particularly by ensuring that they employ or have access to dental practice advisers and dental public health expertise.

“Thirdly, there must be a commitment to tackling oral health inequalities to close the unacceptable chasm which exists between those with good and poor oral health as highlighted in the British Dental Association’s general election manifesto, Smiles all round,” he said.

He ended his speech saying: “the coalition has made it clear that dentistry is a priority. The task now is to work out the detail with the profession, to deliver real change for patients and dentists”.

The Government to review its dental ‘system that we have inherited’.

The application features details of every NHS dental service in Bristol, their contact information and their GPS location.

It also contains information about GPs and Walk-in Centres. Other features include an ‘In Case of Emergency’ (ICE) option, an alert appointment reminder service and recorded messages with instructions on how to deal with specific health emergencies.

Deborah Evans, NHS Bristol chief executive, said: “This application is a way for us to open services up to the public and provide genuine information and choice for patients. I’m excited at the way we can use new technologies to improve patients’ choice and I’m sure that the people of Bristol will feel the same way.”

The application has been developed in partnership with Bristol-based company MyOxygenMobile, and is the first application of its kind in the UK. It is in the process of being developed for the new ‘Android’ platform of mobile phones.

Andrew Farmer, MyOxygenMobile manager, said: “We focussed on making the application clear and accessible using familiar icons and images to help the user. We feel the application is great for the people of Bristol, a perfect way of using new technology and we are keen to see how successful it will be.”

The application can be downloaded for free through iTunes.
Editorial comment
Cut to the quick

The last few weeks have seen a wave of cutbacks by the coalition Government akin to an over-enthusiastic gardener and a new set of hedge trimmers. First to go was the controversial Vetting and Barring scheme, which admittedly was more political than fiscal. Then there was a cull of project funding which had been agreed by the previous government since January. Projects such as the Stonehenge Visitor Centre, the rollout of the Future Jobs Fund and the building of a new North Tees and Hartlepool hospital have all been cut, while the Health Research Support Initiative and Search and Rescue Helicopters are some of the projects which have been suspended.

Then there was the budget. Deputy PM Nick Clegg paved the way for doom and gloom in an email newsletter sent out the day before entitled *Why we have to do this*. Flashbacks of Dad with a paddle saying ‘it’s for your own good’ aside, the country braced itself for cuts in public spending, rises in tax and duty on all the good things in life and a rough ride as the country tries to stop the slide into a Greece-style financial crisis.

We will be looking into the budget in much more depth with regards to healthcare in the next issue of Dental Tribune, so watch this space.

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, Treasury House, 18-21 Hatton Garden, London, EC1 8BA or email: lisa@dentaltribuneuk.com

LA law change

Dental hygienists and therapists can now prescribe and administer local anaesthetic and fluoride varnish, after a change in the law.

The legislation came into force on 1 June and dental hygienists and therapists can now prescribe and administer local anaesthetics and sell, supply or orally administer fluoride supplements and toothpastes with high fluoride content.

Under the Medicines Act 1968, local anaesthetic can only be prescribed by a suitably qualified prescriber – traditionally a doctor or a dentist.

Legislation was introduced throughout the U.K. in 2000 to allow certain other healthcare professionals to administer prescription-only medicine in specific circumstances.

However, dental hygienists and therapists were missed off the list of healthcare professionals able to administer medicines.

The General Dental Council (GDC) immediately publicised the problem and issued a statement to registrants informing them that, until the law could be amended, hygienists and therapists should only give local anaesthesia to patients if it had been specifically prescribed by a dentist.

The Medicines and Healthcare products Regulatory Agency (MHRA) has now added dental hygienists and therapists to the group of healthcare professionals who are able to prescribe local anaesthetics under a patient group direction.

Alison Lockyer, chair of the GDC said: “We are pleased that this change has been made, it addresses an anomaly in the legislation which we had identified. The change will enable more effective working by the dental team.”

Secret rendezvous

Brushing and flossing are vital, but don’t always get the attention they deserve.

References:

If oral hygiene isn’t getting their undivided attention, why not recommend Listerine®? It kills bacteria deep in the plaque-biofilm.

And, added to brushing and flossing, provides up to 52% extra plaque reduction.

For a deeper clean recommend Listerine®

DT
New GDC panel website launched

A new website has been set up to recruit 50 new Fitness to Practise panel members to the General Dental Council (GDC).

The GDC wants dental professionals to get involved and play a key role in their work in protecting patients. The panel members will sit in public hearings and consider cases where a registrant’s fitness to practise may be impaired due to their health, conduct or performance, as well as applications for restoration to the registers and appeals against registration decisions.

Chair of the GDC, Alison Lockyer called it an ‘opportunity to make a real difference’. She said: “We welcome applicants from all walks of life. We’ll provide induction and regular training for successful candidates.

“So please take a moment to consider whether you – or someone you know – could be the sort of person we’re looking for.

“We know that dental care professionals traditionally haven’t put themselves forward for these roles and we’re trying to reverse that trend in particular. The competencies required may look daunting, but including simple examples from your daily life at home, at work or any voluntary or community groups in your application is often enough to demonstrate that you meet them.

“I also hope that people will be encouraged by reading about the experiences of our current FIP panel members.”

Applicants must be able to demonstrate the following competencies: working within a legislative framework, analytical and decision-making skills, collaborative and professional communication skills, integrity and valuing diversity and team work.

The Fitness to Practise Committee is currently made up of 75 panel members. There are 58 dentists, 22 lay people and 15 dental care professionals on the Committee.

They are paid £355 a day and are reimbursed their expenses.

It is a part-time role, with members sitting for around 20 days a year and members are allocated to a particular hearing well in advance.

Computer imaging shows patient new smile

Patients can now see how cosmetic dentistry can transform their teeth, before they undergo the procedure.

Many people are self-conscious about their teeth and their smile, but are hesitant to agree for cosmetic dentistry because they’re unsure of the results. A new computer system called Smilevision allows the dentist to use a digital video camera to capture an image of the patient’s teeth.

The image is then sent electronically to the Smilevision Laboratories.

The inventor, Dr Lawrence Brooks, and his team of experts alter the image and reconstruct teeth in the after images. The patients are able to receive before and after photographs at home showing what his or her teeth could look like after cosmetic procedures.

Smilevision is different from other kinds of computer imaging in that it uses the patient’s own teeth in the after images.

In about a week, the patient receives before and after photographs at home showing what his or her teeth could look like.

Practice to take 8,000 patients

A new NHS dental practice opening in Hampshire is among the first general dental practitioners to become a six-month smile provider.

Julia Bagshaw, associate director for primary care commissioning for NHS Hampshire, said: “We are committed to increasing the number of NHS dental places for Hampshire residents and are really pleased that this practice is opening in Fareham. The new practice means we now have 189 contracts for NHS dental services in place across Hampshire and currently 44 of these are taking on new NHS patients.”

Appointments will be available in batches over the next few months. People are being told not to turn up at the dental practice without an appointment.

“The practice will not be able to accept patients who go directly to them, either in person or on the phone,” added Ms Bagshaw.

Short-term Ortho lecture

One of the first general dental practitioners to become a six-month smile provider will be giving a presentation on Short Term Orthodontics in Birmingham.

Dr Anoop Maini will be giving the lecture in September to British Academy of Cosmetic Dentistry Study Club members in Birmingham.

In line with the current trend for conservative cosmetic dentistry, Dr Maini will be explaining how GDPs can realistically utilise STO within their practice, outlining its strengths and limitations, as well as how it differs from the objectives of Comprehensive Orthodontics.

Dr Maini will also advise GDPs on how to identify patients within their practice who might benefit from STO treatment, as well as how to inform candidate patients about the different components of the six-month smile system.

The presentation, entitled Re-alignment, Fast, Fixed Cosmetic Orthodontics for GDPs, will take place on 16 September at James Hull & Associates in Birmingham at 7pm and will be followed by a question and answer session. Tickets for members cost £25. Non-members are also welcome.