LDC chair
Mick Armstrong, a representative on the British Dental Association’s General Dental Practice Committee, has been elected as chair of the Local Dental Committees for 2010–2011. He said: ‘I would like to give the annual conference a bit of focus and get dentists united as much as possible under this awkward new contract’.

Free treatment
A dentist in Edinburgh is giving free dental treatment worth thousands of pounds to children affected by the Chernobyl nuclear disaster. Biju Krishnan, who runs the Scottish Dental Implant Centre in Edinburgh, has been treating the teeth of 25 Belarusian children from the town of Mogilev in Belarus. The Friends of Chernobyl’s Children organisation have brought the children over for a month’s treatment with Dr Krishnan providing free dental examinations and treatments. He said: ‘The children can have terrible teeth because of the conditions back home – their poor diets and the poor agriculture thanks to the radiation effects – and we have to try and counter that here.’

Record deal
A singing dentist in Richmond, West London is awaiting the release of his debut album after securing a £1 million record deal with Sony BMG. Andrew Bain, began singing in choirs at a young age, went on tour with Cameron Mackintosh’s production of Les Misérables in 1999 and Bill Kenwright’s Whistle Down the Wind in 2002 and signed his million pound contract last July. He currently works two days a week at the Park Dental Clinic in Upper Richmond Road West. To see him in action, visit myspace.com/andrewbainings.
Lack of IT funding ‘quite shameful’

Professor Jimmy Steele, who led the independent review into NHS dentistry, has called the lack of IT investment into dentistry ‘quite shameful’.

Professor Steele, who has been carrying out research into the state of NHS dentistry over the last six months, spoke about his findings at the annual conference of Local Dental Committees in London, prior to the publication of the report.

He revealed that a big reason he took on the task given to him by the Government was that he was ‘very concerned’ about the state of NHS dentistry.

He revealed that researching The Independent Review of NHS Dental Services has been difficult and he has had to deal ‘over the last six months with some very conflicting viewpoints’.

‘I have had to deal with a profession that is hostile to the reforms and you cannot have a good dental service if you don’t have happy dentists.

I was also dealing with an NHS that was telling me that more money had been put into it but there are fewer patients being treated.

I felt like a man on a tightrope trying to keep my balance and trying to keep my balance for. Of course I recognise that there are priorities for the NHS as there is a fixed pot of money and we have spent a lot of time thinking about these priorities,’ he said.

Professor Steele did have praise for NHS dental care and said: ‘There are many patients who are receiving outstanding care from the NHS and it is excellent value for money. I would rather have the NHS dental care in this country than quite a lot of the care that is being provided in the developed world.’

However, on the negative side, he found that some patients are not able to access care and added: ‘I am really concerned that some of the best dentists are unable to provide the best care they want to provide.’

He also expressed concern about the ‘highly variable commissioning’ that takes place now it is all done at a local level’ and said: ‘There needs to be more robust performance management from the PCTs and better coordination of information and better data and improved use of data.’

One of the core reforms of the 2006 contract was the move to local commissioning.

So one of the real issues, since it came in, has been the competence of the PCTs.

‘Where it is done well, you have the local dental committee, commissioners and chief executives fully engaged in the process,’ he said.

He also dealt with the problem of UDA units (units of dental activity) and said: ‘There is unrealistic remuneration for certain procedures and to have the UDA as a sole measure of payment is wrong.

Another problem with the current contract is that the NHS offer is unclear so ‘patients are confused about charges and what treatments are available on the NHS’.

He also feels there is a problem with the image of dentists and called them ‘fairly unpopular’, second on people’s dislike list only to lawyers and politicians.

To reverse this trend, there needs to be ‘high level support for dentistry’ and from all political parties and said: ‘That commitment is really important’.

Dentists call for consistency

Dentists at the Local Dental Committees’ conference have called for the 2006 contract and called for more consistency from primary care trusts.

They also held a vigorous debate on whether the Government should fund the General Dental Council (GDC).

Alasdair McKendrick of Northamptonshire LDC, claimed dentists will no longer be regulating themselves from this October, as there will be more lay members on the GDC than dentists.

The Council currently has 29 council members – 10 are members of the public appointed by the NHS Appointments Commission, another 15 dentists and four dental hygienists and therapists elected by dental professionals.

Under the restructure in October, there will be 12 lay members, eight dentists and four dental care professionals (dental hygienists, dental therapists, dental nurses, dental technicians, orthodontic therapists, clinical dental technicians). A chair will be elected from within the membership of Council (dental professional or lay).

Tony Reed, executive director of the British Dental Trade Association also welcomed the focus on preventative care.

He said: ‘I am particularly pleased with the emphasis on quality and the recognition of the role that oral health should play in the public-health arena.

I have no doubt that some dentists will be disappointed that there is no quick fix for the UDA but the commitment to trialling better payment systems, based on outcomes rather than treatments, is an encouraging step in the right direction. We look forward to working with the Government and other interested parties to help implement the report’s recommendations.’

The Department of Health will now work with the NHS to develop national quality measures for NHS dentistry and discuss with the dentistry profession how to take forward recommendations that dentists should provide a longer guarantee for some work, and pay for a replacement if the treatment fails prematurely.

Review links pay to patient numbers

He added: ‘What is important now is that the Government pilots properly the changes it makes and engages fully with the profession and patient groups as we move forward. The BDA looks forward to playing a full part in that process.’

Prior to the report’s publication, Dr Milner speaking at the annual conference of Local Dental Committees said that he hoped the report would ‘enable dentists and the public to move on from the current climate of mistrust’.

The British Dental Health Foundation (BDHF), praised Professor Steele and his team for their work and welcomed consultation process, and welcomed the emphasis on prevention and evidence-based treatment to support better oral healthcare.

Foundation chief executive Dr Nigel Carter said: ‘This thorough report and its proposals represent a sorely-needed opportunity to reform the existing system and help look after Britain’s oral health.

The Foundation is particularly happy to note the emphasis on prevention and reward for prevention within the system, which will help more of us attain a sound level of dental hygiene to help keep our health.

The review marks a welcome return to continuity of treatment through patient lists and consultation and the report’s emphasis on thorough oral health assessments to determine necessary treatment and a strong evidence base for any decisions are pleasing.

The proposed ‘pyramid of need’ approach, addressing advanced care, routine care and emergency treatment, is a sensible plan to ensure effective treatment when required.

We also welcome a commitment to testing any proposals before they are implemented as many of the existing problems with NHS dentistry arose from a lack of thorough groundwork before contracts were introduced.’

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