Sad missed
A dentist from Worcester has been killed in a motorcycle accident. Father-of-two John Bue from the NHS Dines Green dental surgery on Gresham Road, died in Worcestershire Royal Hospital, following an accident on the A4440. Councillor Margaret Layland, who helped Dr Bue set up his surgery in 2002, said her ‘great friend’ who believed in free healthcare for everyone would be ‘sadly missed’.

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 2010/11. He said: ‘I would like to give the annual conference a bit of a shake up and get dentistry 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 series of 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.’ The average lifespan of those affected by the disaster is 50 years old.

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 SonyBMG. 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.

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Professor Jimmy Steele, author of the report wants to see dentists ‘more explicitly accountable’ for providing high-quality and long-lasting treatments (eg, fillings and root canals). He also wants to see more of a focus on prevention with dentists taking the time to advise patients on preventive care.

Professor Steele said: ‘This review is a vision of a better deal for both patients and dentists. It’s about making sure that patients can see an NHS dentist who will take long-term responsibility for their care.

We have recommended some significant changes to the system by which dentists are paid in order to support their work with patients to improve oral health, prevent oral disease and provide treatment of the highest quality.’

The report also wants dentists to give a clearer definition of the patients’ rights upon registering with an NHS dentist and for there to be a simpler registration process with these, with information on local services made available through NHS Direct or the NHS Choices website.

Patience will still pay NHS charges, which cover about 80 per cent of the cost of treatment, but these may be divided into up to 10 payment bands, compared with the existing three, to tie them more closely to the amount of work done.

Health Secretary Andy Burnham welcomed the review and said access to NHS dentistry is already improving and that new NHS dental surgeries are opening up all over the country.

He accepted the recommendations ‘in principle’ and said: ‘From the autumn, many will be asked to pilot the changes that the review has recommended. Recognise that more needs to be done to bring NHS dentistry up to the standards that the patient should expect.’

The review has been welcomed by The British Dental Association (BDA), which has called on the Government to work constructively with patients and the profession on its findings.

The BDA has urged the Government to heed the report’s recommendations to pilot properly any reforms it introduces as a result of this report.

John Milne, chair of the BDA’s General Dental Practice Committee, said: ‘The BDA is pleased that this report has been published. Professor Steele and his team have clearly listened carefully to patients, dentists and primary care trusts. We have an opportunity to learn from the difficulties of 2006, and it is vital that opportunity is taken.

The report’s recommendations appear to be far-reaching. They describe a new approach to dental care that dentists hope will mean a move away from the target-driven arrangements that are currently in place. Clearly, the detail of how that approach will be delivered will be vital.

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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 you. I was also dealing with an embryonic stage when the contract came in, has been the competence of the PCTs.

‘Where is it 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’s (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 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 lay members – 10 are members of the public appointed by the NHS Appointments Commission, members of the General Dental Council (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).

John Milne, chair of the BDA’s General Dental Practice Committee, speaking on the contentious subject of UDA’s (units of dental activity) said: ‘You all know they are corrosive and we need to be rid of them, whether or not, they lose some of their power’.

He also referred to the relationship between dentists and primary care trusts (PCTs) and said: ‘A good relationship between the Local Dental Committees and the PCTs needs to exist.

Ian Gordon, an LDC representative from Tays put many of the problems of the new contract at the door of the PCTs. He said: ‘It didn’t help that the PCTs were in an embryonic stage when the new contract was brought in. But I also find that you go to all that effort building up a good relationship with PCTs and your next person you have been dealing with moves on and you have to start all over again.’

There was also a call for all PCTs to be consistent within a Strategic Health Authority region in their policies towards UDA’s (units of dental activity) achievement.