DENTAL TRIBUNE
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News in brief

Sad news
A dentist from Worcester has been killed in a motorcycle ac-
cident. 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 representa-
tive on the British Dental Asso-
ciation’s General Dental Prac-
tice Committee, has been elected as chair of the Local Dental Committees for 2010.
He said: ‘I would like to give the annual conference a big
thank you and get dentists united as much as possible under this
awful new contract.’

Free treatment
A dentist in Edinburgh is giving
free dental treatment worth thousands of pounds to children affected by the Cher-
nobyl nuclear disaster.
Biju Krishnan, who runs the
Scottish Dental Implant Cen-
tre in Edinburgh, has been treating the teeth of 25 Be-
russian 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 Ki-
ishnan 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 radia-
tion 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 af-
after securing a £1 million
record deal with Sony BMG.
Andrew Bain, began singing in
echoes at a young age, went on
tour with Cameron Mackin-
tosh’s production of Les Mis-
erables in 1999 and Bill Ken-
wright’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 my-
space.com/andrewbainings.

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Interesting findings
A ‘shameful’ lack of IT investment and patient confusion over what
the NHS actually offers in terms of
dentistry are revealed in Jimmy
Steele’s review.

Canal anatomy
In this case report, Siju Jacob sug-
gests that if you don’t recognise
and treat aberrant canal anatomy,
it can affect the prognosis of en-
donotic treatment.

Performing dentistry
In 2006, when the old NHS system
came to an end, the dental associate
made way for the dental performer.
But what is the difference and has
the change been for the better?

First impressions
Although it takes the whole team
a new patient feel at home,
it’s the receptionist who will first
influence a new patient’s opinion
of a practice.

Review links pay to patient numbers

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Professors

The long-awaited independ-
ent review into NHS den-
tistry wants dentists’ pay to
reflect how many patients are on
their books.

The Independent Review of
NHS Dental Services looks set to
reverse the reforms of the 2006 con-
tact, with dentists being paid for the
number of treatments they provide.

Criticised for allowing this to
have led to patients having
to bear the brunt of rather than have
fillings or crowns, as it is more prof-
itable for dentists to take a tooth out,
than to try to save it with complex
treatments such as crowns or bridges.

Before the contract, dentists
were paid per procedure, but after
it came in they were paid to provide
a specific rate of procedures in the
coming year.

People in many parts of the UK
have had problems accessing an
NHS dentist since the new contract
came in.

It is hoped that by linking den-
sists’ pay to patient registration,
this will encourage dentists to take on
more NHS patients.

Under the recommendations,
dentists would have a ‘significant
chunk’ of their annual income
possibly as much as 50 per cent –
linked to the number of patients on
their books.

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 re-
view is a vision of a better deal for
both patients and dentists. It’s about
making sure that patients can see
an NHS dentist, and that we have
their long-term responsibility for their care.

We have recommended some
improvements to the way in 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 pa-
tients’ rights upon registering with an
NHS dentist and for there to be a
clearer and more straightforward
registration process with
dentists, with information on local
services made available through
NHS Direct or the NHS Choices
website.

Patients 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 Burn-
ham welcomed the review and said
access to NHS dentistry is already
improving. The new NHS dental
surgeries are opening up all over
the country.

He accepted the recommenda-
tions in ‘principle’ and said: ‘From
the autumn, many will be asked to
pilot the changes. We hope 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 construc-
tively with patients and the profes-
sion on its findings.

The BDA has urged the Govern-
ment to heed the report’s recom-
dendation to pilot properly any re-
forms it introduces as a result of this
report.

John Milne, chair of the BDA’s
General Dental Practice Commit-
tee, 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 opportu-
nity to learn from the difficulties
of 2006, and it is vital that opportu-
nity 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 tar-
got-driven arrangements that are
currently in place. Clearly, the de-
tail of how that approach will be
delivered will be vital.

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whilst maintaining flexibility whether you are heading straight or into a curve.
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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 reformation of the report,’ he added.

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’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’.

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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 Milne speaking at the annual conference of Local Dental Committees said that he hoped the report would enable dentists and the public to move away from the current climate of mistrust.

The British Dental Health Foundation (BDHF), praised Professor Steele and his team for their work and said they ‘are wide-reaching 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 us healthy.

The review marks a welcome return to continuity of treatment through providing education 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 arise from a lack of thorough groundwork before contracts were introduced.’

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.

Dentists call for consistency

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.’

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