Sainsbury's dentist

The UK's first supermarket dentist has opened in Sainsbury's. The dental surgery in the branch of Sainsbury's in Sale, Greater Manchester, opened earlier this month. It is open every day and check-up charges are virtually the same as those of an NHS dentist. Patients can get two for the price of one by nipping into the dentist after stocking up their shopping trolley.

Dental practitioner, Dr Lance Knight, the brainchild behind the surgery's novel location, plans to create more dental surgeries in supermarkets, if the pilot scheme turns up trumps. Patients are welcome to just drop in or they can book an appointment in advance.

The dental surgery follows hot on the heels of the first GP surgery, which was opened several months ago at a nearby Sainsbury's branch.

Free tickets

The BDTA Dental Showcase 2008 takes place from Thursday, October 2 to Saturday, October 4 at ExCel, London. To reserve your complimentary ticket, log onto www.dentalshowcase.com, telephone the registration hotline on 01494 729959 or text your name, address, occupation and GDC no. to 07786 206 276. Advance registration closes on September 26, with registration on the day at £10 per person.

Reservation Highway is the official booking agency for the event. For advice and information or to book a hotel, call the helpline on 01423 525577, quoting BDTA Dental Showcase.

Eastern Europe

About 35,000 people living in Eastern Europe are beginning to show an interest in Eastern Europe for dental work, ranging from implants to braces and crowns, according to the latest available figures from 2006.

Smile-on launch

Don't miss Smile-on's launch of module two and three from Communication in dentistry: Stories from the practice at BDTA's Showcase, October 2. Communicating with your patients and communicating with your team is to be unveiled in a special screening at the show. Visitors can enjoy hotdogs, popcorn and champagne at the event. Visit stand R12 for this exciting launch.

www.dental-tribune.co.uk

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**LDCs applaud ‘quality’ initiative**

A meeting of regional Local Dental Committees (LDCs) up and down the country has discovered an innovative initiative from a Northern PCT bringing the quality back into dentistry.

In contrast to many PCTs which tend to look for the cheapest bid when tendering contracts, Bradford PCT has put its money where its mouth is, by banning bids below a certain level.

The PCT is determined to put more emphasis into encouraging quality in dentistry, as well as setting targets.

Under the new 2006 contract, quality is not incorporated into the Units of Dental Activity (UDAs) which are allocated to dental practices.

But 40 per cent of the money allocated for three Bradford dental practices is earmarked for the quality of dental work carried out, with 60 per cent of the cash set aside for standard UDAs.

This means that if they fail to complete their UDA targets, the newly commissioned tenders will still qualify for a large proportion of the cash.

Eddie Crouch, from Birmingham Local Dental Committee, who spoke at the recent national LDC meeting in London, said the move to encourage quality control in dentistry was very welcome. He said: ‘There is no UDA criteria relating to the importance of ongoing monitoring of the quality of dental work, so it is good news that in Bradford's case, if evidence of qualitative patient care is produced, even if the dental targets are not completely reached, the practices will still get a large proportion paid.’

Bradford PCT has commissioned three new practices, with each given a subsidy for equipment to be bought or provided by the PCT, two of which are corporates.

Mr Crouch added: ‘Bradford has also innovated new time-limited General Dental Service contracts, which were previously open-ended. When the new contract was set in place in 2006, GDS contracts were always open-ended, but Personal Dental Contracts (PDCs) were limited from three to five years. This new style of time-limited GDS contract could be worrying if a dental practice buys equipment and premises and then ends up without a contract after five years.’

But he added that the positive side of a time-limited GDS was that it could provide more flexibility and it was unlikely a contract would be terminated after five years without a very good reason. My Crouch said it was vital that there was an amendment for quality to be incorporated into the contract. He said the need for quality to be incorporated in the new contract, would be backed up by the Department of Health’s (Dell) response to the Health Select Committee’s report, which was coming up in the next few weeks.
Ethical dilemmas continue

Too much target-setting contradicts a more patient-centered approach said Steve Gates, managing director of Denplan last week.

His response follows the news that that the Health Select Committee Report is calling for the removal of child-only contracts from NHS provision.

He said: “Putting targets ahead of patient needs presents a growing ethical dilemma for dentists. If the heart of the new contract lies an approach which is at odds with the patient-focused aspirations that is the foundation of professional training. At worst the new contract encourages dentists to not ask which is the best way to treat a patient, but rather what is the fastest and most LDA-efficient way to treat them.”

Any dentist deciding to stop treating children under the NHS will be concerned about the response from families registered with the practice, but those who have introduced Plans for Children report a positive response from most families, most of whom simply want to continue bringing their children to the family dentist.

Bristol-based Dr Peter Redclift, who instigated children’s dental plans in his surgery, said: “We have been offering children’s plans for over two years now, since our PCT confirmed that it was unlikely to offer child-only contracts. In the run up to the end of our old NHS contract we spoke to parents about our decision, explaining that lack of time to provide quality care and the number crunching approach was at odds with our professional training. It was very successful with most parents accepting the change and signing up. But left us and we are pleased we walked away from the NHS, especially as we continually read about problems colleagues are experiencing with the new contract. I only wish I’d converted the children at the same time as their parents.”

Many practices set the fees for their children’s plan to cover check-ups, x-rays and scale and polish twice a year, and then charge any restorative treatment at a discounted private rate. Some create fee bands according to the child’s age or disease risk; others have a single fee band for all children.

Another option is Denplan’s Excel for Children – a quality programme developed with parents, but those who have introduced Plans for Children report a positive response from most families, most of whom simply want to continue bringing their children to the family dentist.

Leeds Dental Institute fights the fear factor

Leeds Dental Institute ranked the top school in the UK for dentistry is currently looking at better ways to improve dental treatment and take the fear factor out of the patient experience for good.

Professor Jennifer Kirkham, research director of Leeds Dental Institute said the laboratory was looking for safe new ways to control plaque and toothpaste which do not rely on toothpaste.

She said: “We see patients in the clinic who are not able to brush effectively because the shape of the mouth may not allow sufficient access, the patient could be disabled or just not a proficient brusher. ‘One of the new treatments makes use of a readily available compound in an innovative way to control plaque formation, using photo dynamic therapy (PDT). The patient uses a mouthwash containing an anti-bacterial agent which is activated by bright light and results in plaque destruction. This is trialled in the clinic and patient feedback helps researchers identify where further modifications are needed. ‘The principle of working from bench to clinic and back to bench will see a circle of constant improvement in dental health and it is this partnership with patients which ensures research has an impact.’

Another research project could transform the approach to filling teeth forever, Professor Kirkham explains.

“We have developed a method for Filling without Drilling, which uses a low viscosity polymer based fluid which is painted onto the teeth where it infiltrates into the pores. Once inside the pores, the fluid solidifies, to become a gel which then acts as a barrier to the progression of decay. This changes the focus away from filling teeth to avoiding tooth decay in the first place.”

DDU advises the expert witnesses

The Dental Defence Union (DDU), the specialist dental division of the Medical Defence Union (MDU), has issued advice to dentists who write expert reports or give evidence in court to help them avoid common pitfalls. Common allegations against expert witnesses are failure to be impartial, not examining papers or patients properly, giving misleading advice and not declaring conflicts of interest.

The DDU’s tips for dental professionals who act as expert witnesses are to ensure that intelligible instructions are given, to understand legal and civil procedure rules, to keep up-to-date in specialist areas of practice and be aware of ethical codes, to avoid acting as both an expert and factual witness on the same case, to ensure all material is available at a court hearing, to declare any conflict of interest, not to give opinions on things little known about. Also, expert dental witness should not disclose confidential information, except to those instructing them, without consent.

Rupert Hoppenbrouwers, DDU head, said: “While the General Medical Council (GMC) has recently published Acting as an Expert Witness, which sets out the rules and duties for GMC-registered practitioners who act as expert witnesses, there is no equivalent for dental professionals. The DDU often instructs experts in a wide range of dental specialties when we are defending our members. They are needed to provide evidence in a variety of legal proceedings, including negligence claims and GDC/Disciplinary actions, and so we are very aware of the qualifications necessary to do the job. We also assist members with ethical dilemmas, complaints and claims arising from their own expert witness work and know there are quite a few pitfalls awaiting an unsuspecting dental professional. The expert witness is a key player in many dental cases, as the court or tribunal will want to hear the opinion of an experienced, impartial dental professional to assist in making a decision about the case.”

Expert dental witnesses can be confused with the professional dental witness. The expert dental witness is instructed by lawyers to provide the court with an opinion, whereas the professional dental witness is a witness to fact, not opinion, in the context of past dental treatment. In many trials and hearings, both kinds of dental witness give evidence.

The DDU has published a briefing document – Dental Reports and Court Appearances – for dental professionals asked to act in legal proceedings. DDU members can phone 0800 085 0614 for a copy or advice.

A £1.5 million investment by the University of Leeds is set to bring the new Dental Institute and Translational Research Unit to the forefront of global research and development in oral health by linking the laboratory activity directly to the needs of patients treated in the clinic.

The flagship centre for world class dental research and clinical practice, the first of its kind in the UK, opens at the Leeds Dental Institute in January 2009.