Dental crisis in Lincoln improves

All patients living within a 20-mile radius of Lincoln can now be seen by an NHS dentist, according to the county’s dental service. Since the new contracts were introduced in April 2006, 60,000 county patients have registered with an NHS dentist with new practices recently opening in South Kesteven and Gainsborough. The only areas in which the waiting lists still need to be reduced are Louth and Mablethorpe.

Before the Government introduced the new NHS dental contract in April 2000 when local PCTs began to control dental treatment, because payment is no longer made on a fee-for-service basis, but is based on the amount of complex treatments such as crowns, bridges and dentures had fallen by 57 per cent since the contract’s introduction. The number of root canal treatments fell by 45 per cent in Scotland, though it rose in England. The working hours of an average NHS dentist, according to the county’s NHS Information Centre, are set to reveal that on average an NHS dentist earns a six-figure salary. The figures show that dentists across the UK received a 15 per cent pay rise last year, with an overall income of more than £100,000 in 2006-07, an increase of 15 per cent.

Fears have been expressed by patients groups that the new contract encourages NHS dentists to carry out simple work at the expense of more complex treatment, because payment is the same for both. They believe the target-based contracts encourage profits rather than patient-centred care and it is easier and quicker to take out a tooth than do painstaking root canal surgery.

The working hours of an average NHS dentist, who spends about 20 per cent of each week doing NHS work, has only increased by half an hour a week, to 57 hours.

The number of people seen by NHS dental practices had dropped by about one million since the contract was introduced.

In July, the Commons Select Committee on Health said that the Department of Health (DoH) had gone back on its words by not bringing about improved access to dentists, because the amount of complex treatments such as crowns, bridges and dentures had fallen by 57 per cent since the contract’s introduction. One of the number of root canal treatments fell by 45 per cent in England and Wales, although it rose in Scotland, where the contract was not brought in. There has been widespread criticism that the scheme was inadequately piloted before being introduced.

DTUK mailbox

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Toxic burden

Is it not enough that we have MRA and other superbugs which have been bred by abuse of chemicals on the back of hygiene deficiency? Do we need to add to the toxic burden of people when there is a much simpler and healthier alternative?

The notion that dental decay is somehow a ‘fluoride deficiency’ is one of the greatest lies we have been fed by ‘science’ propagandists. Nutrition and hygiene are the keys to the prevention of decay. People in impoverished areas suffer from dental decay due to malnutrition and hygiene deficiency.

Adding fluoride to the water does nothing bar increase the toxic burden.

This is a truth that is unpallatable to swallow for it goes against the grain of industry hell-bent on creating new ‘needs’.

I do not agree that water fluoridation has any benefit other than to rid the fertilizer industry of its toxic residues. Fluorosilicic acid is highly toxic waste. It is disposed of in the water supplies under the guise of ‘prevention’.

The scientific evidence on the benefits of fluoride is flawed, being biased and funded by industrialist benefactors. It is long documented that some ‘supposedly fluoridated’ areas even have higher incidents of dental decay than non fluoridated areas.

Oppose the fluoridation of water on four grounds:
1) There is more than ample evidence to show that fluoridation does not preclude dental decay.
2) Adverse side effects of fluorine-containing compounds beyond the ‘benign’ side effect of dental fluorosis are well documented.
3) Poor nutrition and/or poor hygiene deficiency. Do we need to have been fed by ‘science’ and healthier alternative?
4) Most importantly, Oral health is attainable through a combination of good hygiene and a type of nutrition which not only eliminates dental decay but also reduces the chances of acquiring diabetes and pyogenic infections, amongst other diseases.

It is a type of nutrition that improves general health, without fail.

This is what we should be striving for, not applying ‘magic bullets’ that may do more harm than good.

Mr Pastoll

Dentists have received a 13 per cent pay rise

Operations for patients in Lincoln have increased by 15 per cent since the new contract was introduced.

Six figure salaries for dentists revealed

The number of people seen by NHS dental practices had dropped by about one million since the contract was introduced.

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Drop-ins for fluoridation consultation

Residents and workers in those areas of Southampton which might receive fluoridated water can attend a series of drop-in events during the official public consultation period.

The sessions are organised by South Central Strategic Health Authority (SHA) and begun in Bitterne on Thursday, September 18. Interested parties are invited to talk to experts and give feedback on the controversial proposal. There are display boards with detailed information, as well as the consultation documents and other explanatory literature.

The SHA claims it is independently overseeing the consultation to help people understand the arguments for and against fluoride. However, anti-fluoride campaigners are not allowed to give their own presentations at the sessions leading to claims of bias against the health authority.

Chairman of Hampshire against Fluoridation John Spoffittswoode said the outright refusal by the SHA to let his organisation make their own presentations at the drop-in events gave weight to the notion that the consultation was a ‘sham’.

He said the material produced to date by the health authorities was one-sided and gave a false picture about the true effects of fluoride. It did not take into account other research which showed that fluoride could cause serious and negative side-effects on health.

DENTAL TRIBUNE United Kingdom Edition - September 28-October 5, 2008
Editorial comment

Off with his head...

Yet again we have another ‘misguided’ decision this week only this time it to axe the Standing Dental Advisory Committee (SDAC). The BDA has done its bit by writing to Alan Johnson, MP, but whether it will make a difference remains a mystery. But the fact that there was ‘overwhelming’ support to keep SDAC, says it all. The profession’s respect for the Committee is apparent – but armed with the knowledge of its commitment to patient care and quality service is – ironically – disconcerting to say the least.

For why, oh why would the government want to eliminate this professional authority, which has been a political stalwart in such uncertain times? If quality dentistry is key for the government, would it not make more sense to work more closely with SDAC instead of pushing it out the door? Or is the plan to weaken the profession further and part and parcel of a much bigger, bleaker picture? We hope not.

Okay, so we all know the old saying – the contract was rolled out without consultation...blah, blah, blah but then ‘ding!’ Let’s get rid of SDAC – for who needs a body that not only draws to get rid of SDAC - for who needs a body that has ‘failed’ to meet the treatment targets set for them, these earnings are way, way over exaggerated. Erm, the government maybe? Oh and also the ‘second-best’ profession please sir. It doesn’t make sense - but never mind - let’s rest assured that there must be good reasons why. England’s CDO has got a new consultant adviser to complement the skills of his team after all, and apparently a ‘specialist’ from secondary care dentistry. Let’s wait and see what the Secretary of State is going to say in reply.

Big fat wallets?

If dentists are earning 15 per cent more under the new contract we should be happy right? (Who wouldn’t be happy with an overall income of MORE than £100,000?) Only there appears to be a few discrepancies here. Firstly – assuming the figures are accurate – is this a result of resorting to ‘simple’ work to accumulate this extra cash or not? The evidence of less complex work is the talk of the profession. Crowns and bridges, and dentures have fallen by 57 per cent, while root canal treatments have decreased by 45 per cent. Should we be worried? These are not small changes by any means – so how are dentists earning more money than ever if they are doing less complex work? Or could it be that this is total rubbish? For by the time the money has been ‘clawed’ back from dentists who have ‘failed’ to meet the treatment targets set for them, these earnings are way, way over exaggerated. And as the chief executive of the NHS Information Centre says: The report reveals the pay of NHS dentists varies GREATLY depending on their contractual arrangements.

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