Two dental teams calling themselves Three Dentists and a Fillin’ and the Devon Dumplings took part in England’s longest, steepest and highest outdoor event, raising thousands of pounds for a children’s charity.

The Ford Ranger Great Lakeland Challenge is one of the Spoon Challenges, a series of major fundraising events organised by the charity Wooden Spoon, and held every year in the Lake District.

Dental surgeons Mark Willings, John Morehouse, Richard Grady from Huddersfield, manager Andy Lines calling themselves Three Dentists and a Fillin’ completed the challenges in seven hours, 26 minutes and six seconds and scooped the Fastest Team Bowl. They also raised £6,010.

The Devon Dumplings, made up of orthodontist Zena Mills, dental nurse Lisa Curtis, (who works for Torrington Dental Practice in Great Torrington, Devon), plus pilates teacher Louise Banfield and medical student Harriet Wixwell won the Mixed Bowl and finished thirteenth overall. They crossed the finish line in 10 hours, 10 minutes and 18 seconds and raised £5,900.

Mark Willings, team captain of Three Dentists and a Fillin’ said: “We’ve taken part in the Ford Ranger Great Lakeland Challenge a number of times over the years, so knew exactly what to expect, but it was a welcome boost to our spirits to find the sun on our backs, because we usually have to get our heads down and battle driving rain and high winds.

“It’s always fun to renew old acquaintances but new blood is important too, so it was great to see that two thirds of the teams lining up this year were new to the event. Competing against a dental practice from Devon added an extra bit of spice.”

Zena Mills from the Devon Dumplings said: “This was our first attempt at the Ford Ranger Great Lakeland Challenge and it was great fun, if exhausting.”

“In addition to our hard work to get into shape for the event, all the time we spent cajoling people to sponsor us was definitely worth it and we’re delighted that Wooden Spoon will be able to use the funds to support disadvantaged youngsters and their families up and down the country.”

The Devon Dumplings are still taking donations at www.justgiving.com/devon-dumplings and Mark Willings is also planning to take part in the John O’Groats to Lands End cycle ride. Any people interested in sponsoring him should contact him at Horsbury Dental Care.

More job opportunities for dental nurses

NHS Direct is expanding its team to answer a rising number of dental enquiries - creating more job opportunities for qualified dental nurses.

Dental nurses are already a key part of NHS Direct’s service, providing front-line advice and comprehensive nurse-led dental assessment and guidance to more than 20,000 patients with dental enquiries every month.

However, demand for dental advice has been growing, with tooth and jaw pain currently one of the top reasons for calling NHS Direct.

Bridget Thomas, regional director of nursing for NHS Direct said: “We need to respond to this demand by increasing the number of specialist advisors we have managing dental enquiries. Patients will benefit from receiving specialist advice 24/7 to manage their current symptoms and, if required, we can refer callers to a local dental practice for further treatment or advice.”

The British Dental Health Foundation (BDHF) has been working closely with NHS Direct to expand the dental advisor service.

Dr Nigel Carter, chief executive of the BDHF said: “Since the beginning of NHS Direct, we have been working with the service to improve the experience for dental callers. Working on a helpline in this way provides an exciting, new opportunity for an experienced dental nurse to use and develop their existing skills and, as the service operates 24 hours a day 7 days a week, it also offers unique opportunities for flexible working to suit family and existing practice commitments.”

Dental nurse advisor, Joanne Watts has been working at NHS Direct’s contact centre in Mansfield, Nottingham for a year.

Before NHS Direct, she had worked in the same NHS dental practice for 14 years, starting her career as receptionist, then practice manager before training as a dental nurse.

She said: “I didn’t know that NHS Direct employed dental nurses, so when a colleague told me about the opportunities available I was really surprised.”

“I was ready for a new challenge and thought that this would be something totally different, which really appealed. I did wonder if speaking to patients over the phone instead of face-to-face would be too far out of my comfort zone, but any worries disappeared once I had done the initial training, which was exceptional.”

Ms Watts has found that the work is much more varied than anything she has done before and added: “I like the fact that every day I speak to a wider range of people, instead of the regular contacts you get in a practice setting, and there are more opportunities to use my knowledge, skills and experience when talking to someone over the phone.

“Since working for NHS Direct, my clinical knowledge has definitely improved and I am encouraged to continue my personal development through training courses arranged by NHS Direct.”

“There are a lot of benefits working for NHS Direct and I would certainly recommend the move to other dental nurses who are looking for a rewarding challenge in a new environment.”

For more information and to apply for dental nurse vacancies at NHS Direct please visit www.nhsdirect.nhs.uk/dental

Three dentists and a Fillin’ help raise thousands of pounds for charity

The Ford Ranger Great Lakeland Challenge involves the team paddling a Canadian canoe the length of Windermere, England’s longest lake and then cycling 26 miles over Wrynose and Hard Knott – England’s steepest passes involving 1,200 ft climbs at gradients of 1:5.

For the final leg, they scale Scafell Pike, England’s highest peak, and trek the eight miles over the sun on our backs, because we usually have to get our heads down and battle driving rain and high winds.

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Recent information released from the NHS Information Centre has shown that despite the nation being in the midst of a recession, the number of patients accessing taxpayer-funded NHS dental care is still less than pre-2006. The number of NHS dentists and treatments provided in England did rise in 2008/2009 from the previous year, however data also showed complex treatment have fallen dramatically. NHS Information Centre figures show that the number of crowns fell by nearly 50 per cent between 2004 and 2009, while the number of root canals fell 40 per cent over the same period, from nearly a million. The number of dentures has increased by nearly 14 per cent.

At this point, these statistics do little more than illustrate many of the known failures within NHS dentistry. Conservative shadow health minister Mike Penning said: “The very fact that the Government was forced to set up such a detailed review of their contract only shows how flawed it was in the first place. We now learn that the type of treatments patients are receiving is changing – with increases in dentures and a fall in the amount of bridges provided. It is vital that Labour ensures dentists are properly supported to give patients the most appropriate care.”

Dr Cockcroft’s response, however, was less pessimistic and said the decline in complex treatments was: “evidence that the new system is freeing up time that dentists can use to deliver more preventative care”.

The question we must now be asking is what standard is NHS dentistry aiming to set for patients, should it be a basic core service or a world-beating healthcare? And if NHS dentistry is aiming to provide more than a basic service, has the Government fairly allocated funding for complex treatments?

Finally, moving on from issues with the new dental contract, I am looking to put together a compilation of useful clinical tips that will help newly qualified (or even more experienced) practitioners within modern – day practice. If you have particular gems on any aspect of general dental practice which works for you and would like to share these with other dentists please e-mail this to neelkothari@hotmail.com and I will do my best to get these published for all to see. Provide some information about yourself and if possible photos to illustrate your tips. Now I appreciate this all sounds like a lot of work, but try to remember that since the introduction of the new dental contract, your time should now be a lot freer.

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has completed a year-long postgraduate certificate in implantology at UCL’s Eastman Dental Institute, and regularly attends postgraduate courses to keep up-to-date with current best practice.

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Neel Kothari

Clarification

In the article Reflection from Northern Ireland (Dental Tribune Sept 14–20 2009 Volume 3 Issue 22 page 6) it was erroneously implied that the new Primary Dental Care Contract had already been applied. Dental Tribune apologises for any confusion caused.
Dentist suspended after being jailed for fraud

A dentist who was jailed for defrauding the NHS, has been suspended by the General Dental Council.

Geoffrey O’Sullivan, who owns the Princel Lane Dental Surgery in Debden in Essex, was jailed for four months earlier this year after making more than 400 false claims for treating NHS patients. It resulted in the Dental Practice Board overpaying him by £10,000.

A NHS Counter Fraud expert dentist examined a number of children registered at O’Sullivan’s surgery and found that expensive fissure sealant had been falsely claimed for many, including some with perfectly healthy teeth that had received no treatment at all.

North East Essex Primary Care Trust and Dental Services for England and Wales were alerted to some suspicious claims for payment by a former employee of O’Sullivan’s.

NHS Counter Fraud found a total of 447 false claims were made between July 2000 and April 2006, worth £23,651.32.

Head of the NHS CF Dental Fraud Team, Stephen McKenzie, said: “People who provide medical and dental treatment to our children are rightly expected to have the highest integrity.

“This case is a reminder that dentists are being monitored and, if they do commit fraud, can expect NHS CF to pursue all available sanctions against them.”

At a disciplinary hearing, the General Dental Council Professional Conduct Committee decided he should be suspended from work for five months. O’Sullivan conceded that his fitness to practise is currently impaired.

The committee agreed and its chairman told him: “To your credit, you admitted the offences immediately once they had been detected and you repaid the full sum which was liable for repayment.

“You have demonstrated insight and remorse for your actions, which you realise reflect badly on your profession. You have served a prison sentence. The consequences for you and on your family have already been severe.”

The chairman added that testimonial revealed that O’Sullivan has the support of his Primary Care Trust as well as strong support from his local community, which relies on him to provide dental services mainly under the NHS. It was decided that to strike him off the register which would effectively end your career in dentistry, would be disproportionately harsh and wholly punitive.

Survey shows child visit delay

Most American children don’t see their family dentist until they are well over two years old, far later than is recommended by both dental and medical professionals.

That’s one of the key findings from a survey of American Children’s Oral Health, conducted on behalf of Delta Dental Plans Association, an American provider of dental benefits.

The survey of primary care-givers revealed that, for those children who had seen a dentist, and 54 per cent had not - the average age at the initial visit was 2.6 years. The American Academy of Paediatric Dentistry (AAPD) recommends that a child go to the dentist by age one or within six months after the first tooth erupts.

Among children who have never visited the dentist or who have not seen a dentist in the last 12 months, the most mentioned reason (62 per cent) was that “the child is too young” or “doesn’t have enough teeth yet.” Lack of insurance coverage was cited by 12 per cent of the caregivers.

The American Academy of Family Physicians recommends that care for a child’s gums should begin at birth. According to the survey, 55 per cent of care-givers clean their baby’s gums just a few times a week, or less.

“Many Americans don’t understand how important their children’s baby teeth are to lifelong oral health,” said Joel Jacobson, DDS, MS, MPH, chief science officer and senior VP at Delta Dental. “There’s a continuing need for more education to teach practices that will ensure lifelong oral health. And, since people overwhelmingly prefer the dentist and dental hygienist as their primary oral health information sources, dental benefits that encourage visits to the dentist are crucial.”

Dentists urged to keep accurate, up-to-date records

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Dentists must keep accurate, up-to-date records in order to defend themselves against patients who are increasingly seeking compensation, warns the Medical and Dental Defence Union of Scotland (MDDUS).

The advice comes in the wake of the publication of the revised edition of Clinical Examination and Record Keeping by the Faculty of General Dental Practice.

The main alterations to the text update the areas of radiography, consent, and computerised records. Andrew Hadden, dental adviser with the UK-wide MDU said: “In dental-legal claims, where patients seek compensation, the outcome can be severely hampered by the poor quality of record-keeping. This often jeopardises the situation and the dentist is immediately disadvantaged in defending the case.”

MDDUS urges that dentists adopt the ‘best practice’ approach described in the book – by examining patients efficiently, provide realistic and relevant treatment options, carry out treatment to a high standard, and record all the information.

Mr Hadden warns that all dentists should be aware of the benefits of keeping good records. “With increasing litigation, it has become more important for dentists to be able to defend themselves. A key to this is the examination of, and the treatment record of, a patient. The old adage ‘poor records, poor defence; no records, no defence’ is very apt,” he said.  

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