Barry Cockcroft, the government’s CDO, said: “Areas with high levels of caries are considering it. We only need to fluoridate 40 per cent of the country.

The main part of our policy is preventing disease and so we are looking at fluoridation. We are making progress for the first time in 20 years.”

Southampton is the first area to hold a consultation on the issue and this is already underway.

Fluoridation was first introduced into English water supplies in the West Cumbria area. Any scheme to extend its use must be approved by a public consultation. NHS North West is consulting with the county’s primary care trusts, NHS Cumbria, on whether they should draw up preliminary plans to extend its use.

The government has set aside £2m over three years to strategic health authorities who decide after consultation to introduce fluoridation schemes.

Critics such as the National Pure Water Association and the Green Party are opposed to the plan and link it with diseases such as cancer and Alzheimer’s disease.

However, Dr Cockcroft dismissed the “scare mongering” that says it causes cancer and said: “All the water in this country contains some fluoride. So we have had it for generations and there is no evidence linking fluoride with systemic disease. The only thing that is connected with fluoridation is dental fluorosis and that only occurs in a tiny minority of children.”

However in the UK, while there is insurance, there is also discretionary indemnity which offers only the right for a dental professional to request assistance and have the request considered.

The UK has fallen far behind other EU states on this. A German patient who was treated in the UK and negligently harmed by a dentist who was reliant on discretionary indemnity might not be compensated if the indemnifier decided not to assist with the claim. Of course, a German patient who was treated and harmed at home by an insured dentist would receive insured compensation. There is now an opportunity to resolve this anomaly.

The European Commission is currently developing a directive to safeguard patients’ rights in cross-border healthcare, including the need for appropriate systems of professional liability insurance or a guarantee or similar arrangement appropriate to the nature and the extent of the risk.

Mr Hoppenbrouwers wants to see the European directive amended to ensure that indemnity must be provided only by the state or a regulated insurer. This would make discretionary indemnity unacceptable in the EU.

He added: “In the current volatile economic climate it is particularly important that professional indemnity is regulated as this provides a high degree of protection. When damages are awarded in negligence cases it is imperative that patients know they will receive the compensation due to them. The UK has some of the most forward-thinking and technically advanced professional indemnity provisions in the EU, but discretionary indemnity is distinctly last century.”

### More fluoridation for the North West

**N** HS North West is looking at extending water fluoridation into more areas in Cumbria - as part of a push by the government to fluoridate more of England.

Around 150,000 people in West Cumbria receive fluoridated water. Now NHS North West is consulting with the county’s primary care trust, NHS Cumbria, on whether they should draw up preliminary plans to extend its reach. The plans would be subject to a public consultation.

Eric Rooney, a consultant in dental public health at NHS Cumbria said: “Water fluoridation is one possible intervention to improve dental health and we already have fluoridation schemes in the West Cumbria area. Any eventual scheme for Cumbria would be subject to a public consultation by NHS Northwest.”

Currently, about 10 per cent of England’s water is fluoridated - mainly in the north-east and the north-west of England. Any scheme to extend its use must be approved by a public consultation. NHS North West is consulting with the county’s primary care trusts, NHS Cumbria, on whether they should draw up preliminary plans to extend its use.

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### British patients left unprotected

**T** he UK is in danger of being one of the last countries in the EU to persist with an outdated system that can mean dental patients who are harmed by a negligent dentist do not get any compensation, warns the Dental Defence Union.

In the large EU member states such as France and Germany, it is already required that practising dentists have professional indemnity insurance in order to protect patients where they are negligently harmed.

However in the UK, while there is insurance, there is also discretionary indemnity which offers only the right for a dental professional to request assistance and have the request considered.

Rupert Hoppenbrouwers, head of The Dental Defence Union said: “In this current dento-legal and economic climate, we cannot understand why the UK still allows unregulated indemnity.

The UK has fallen far behind other EU states on this. A German patient who was treated in the UK and negligently harmed by a dentist who was reliant on discretionary indemnity might not be compensated if the indemnifier decided not to assist with the claim. Of course, a German patient who was treated and harmed at home by an insured dentist would receive insured compensation. There is now an opportunity to resolve this anomaly.”

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### Drop-in dental centre

**P** atients in Basingstoke are to get a drop-in dental centre - in what is believed to be the first of its kind in the country.

A proposed new health centre is to have 20,000 booked and drop-in ‘units of treatment’ per year of dentistry.

Julia Bagshawe, head of primary care commissioning at the Hampshire Primary Care Trust has revealed that the trust is in the middle of tendering for a group to run the proposed health centre. The centre will include a GP surgery, a nurse, minor injury unit and nurse-led minor ailment service.

The centre will include a GP surgery, minor surgery, contraceptive and sexual health services and a cardiovascular risk and case-finding unit as other services the trust is hoping to offer. The health centre will be open to register and non-registered patients seven days a week, between 8am and 8pm.

### Smile-on offers latest in clinical dentistry

**S** mile-on has joined forces with Alpha Omega and is holding a conference on the very latest in clinical dentistry.

Dr Devorah Schwartz-Arad and Professor Nitza Richaou will present Success factors in dental implantation: a multi-disciplinary approach between the surgeon and the prosthodontist at next year’s Clinical Innovations Conference and Annenberg Lecture at the Royal College of Physicians, Dr Schwartz-Arad is a specialist in oral and maxillofacial surgery.

Professor Richaou is a leading authority in many fields in including dental implant therapy and fixed prosthodontics. During this all-day event on 15 May 2009, dental professionals can explore the team’s role in treatment planning, the benefits and drawbacks of immediate implantation and loading, and how prosthodontist and surgeon can work together to determine the best treatment approach.

For more information, or to book your place at the 2009 Clinical Innovations Conference, call 020 7400 8989 or email info@smile-on.com

### First orthodontic therapists graduate

**T** he first orthodontic therapists, a new group of dental care professionals, have just graduated from Bristol’s dental hospital.

Orthodontic Therapists are a new type of dental care professional created by the General Dental Council. They can assist dentists in carrying out orthodontic treatment and provide some treatment themselves.

Six students have just completed the year-long programme at the University Hospitals Bristol NHS Foundation Trust’s Bristol Dental Hospital.

The course involves a four-week intensive taught program led by consultant orthodontists combined with a placement treating patients studying under a registered specialist orthodontist trainer.

Sarah Bain, head of dental care professional training at University Hospitals Bristol NHS Foundation Trust said: “I’m delighted to see the first orthodontic therapists qualify. They will now make a significant impact on the number of patients accessing orthodontic care.”

This new qualification is part of a government drive to improve the speed and quality of orthodontic care. The government hopes that it will reduce waiting lists for more specialised treatments as qualified orthodontic therapists carry out routine and emergency procedures.

The Dental Care Professionals School at Bristol is one of the largest providers of dental care professional programmes in the UK. Currently any qualified dental care professional is eligible to apply for the course.