Innovative Solutions
Smile-on provides easy access to training programmes for the entire dental team to meet their industry obligations and advance their skills, using a flexible approach to education whatever the level of training needed. Popular courses include Clinical Progress Management, bringing dental professionals up to speed with the best proven methods of image capture, as well as, Communication in Dentistry, which has been expanded with three new modules exploring handling, achieving consent and recording communication. There is also DNSTART and DNNET II, which provide essential knowledge for dental nurses, studying for the national certificate or NVQ level three in oral health care and can also be used as an update programme for established nurses. Clinical Governance Progress Management is designed to enable totally appropriate healthcare with health care commission standards.

New NASA Media Officer
Paul Kendall has been appointed as a media spokesperson for the, National Association of Specialist Dental Accountants (NASA). He is the founder of the association more than 11 years ago and served as its first chairman. Mr Kendall, who is a partner in Dodd and Co, in Cumberland, has 140 dentist clients. He is a member of NASA’s technical committee and has just written his second book on dental accounting.

Teeth Grinding Solution
Dental patients who grind their teeth while asleep are being given mild electric shock treatment to ease the condition. A chain of private dental practices in Hull is trialling a device which delivers a very small electrical impulse when grinding. The new device, called Grindcare, which was developed in Denmark, incorporates a small electrode which is placed on the temple and then monitors the movement of facial muscles. When it detects increasing facial tension, it delivers a tiny electrical impulse called biofeedback. This is not consciously felt by the sleeper but still relieves the facial muscles. The technology is reputed to be able to reduce teeth-grinding by up to 80 per cent within a two-month period.

Is Improved Access Really Necessary?

The NHS Constitution: a Consultation on New Patients’ Rights, was published on November 10, with a Government pledge that everyone wanting NHS dental access should have it by Spring 2011.

The document states: “There have been problems with NHS dentistry access since the early 1990s. Our 2006 dental reforms have given PCBs the power to contract dental services to meet local needs. In order to expand services wherever they are needed, we have set up a national dental access programme, headed by Dr Mike Warburton, to support the NHS in further improving access.

We have also accepted recommendations from the independent review led by Professor Jimmy Steele published in June 09, to improve long-term access and quality.

Recommendations also include linking some of dentistry income to registered NHS patients and encouraging preventative care advice. The right to private treatment is proposed, if a patient cannot access an NHS specialist within 18 weeks, after referral.

But Eddie Crouch, Birmingham LDC secretary, has hit out at what he regards as the Department of Health’s (DH) ‘blanket policy’ to improve country-wide NHS dental access. He says registration in the early 90s was never cross referenced, hence figures are likely to be inaccurate and inflated. He thinks Government money would be better spent targeted towards an area’s particular needs.

How much money would be better spent differently?

He claims the previous responsibility given to PCBs to choose how to spend their money has been removed, replaced by a onesize-fits-all central Government directive, which does not always answer local dental needs.

He adds: “Just making a huge investment of over £150 million doesn’t mean there will be a massive flood-in of NHS dental patients. It means new practices will open, but the same amount of patients will access care. So other surgeries may well see numbers drop.

“In South Birmingham PCT, it’s been agreed we need 25,000 new NHS dentistry patients. But there are simply not that amount of people waiting for an NHS dentist.

“However, many patients complain that orthodoxic, periodontal and endodontic treatments are hard to access and home-visits for housebound patients and nursing home residents are inadequately funded. Surely money would be better spent on real problems.”

Mr Crouch also thinks the time-span for PCBs to make comprehensive needs’ assessments is too short. But he adds: “I have sympathy with the pressure PCBs are under, they are unlikely to want to object to pressure from central Government, even if they agree with local dentists.”

He is awaiting a response from a letter, drafted to Ann Keen, minister responsible for dentistry and LibDem MP, John Hemmings, has been sent to Jane Harris, DENTSPLY, Building 1, Aviator Park, Addlestone, Surrey KT15 2PG.

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Ros Hamburger, HoBTPCT dental public health consultant, said: “We are committed to providing the right kind of dental care and want to ensure everyone has a say in how that service functions in the future.”

DH figures released in August showed that 720,000 more NHS dental patients accessed services in the four quarters ending June 09. Courses of treatment in 2008/09 increased by four per cent (1.4 million) from the previous year and UDAs were up 5.7 per cent.

Chief Dental Officer for England, Dr Barry Cockcroft says access is not only about procurement, but also covers improved contracting and better communication. He says: “How needs are tackled is also about social and cultural education, not just more services. It is important to get the right message through.”

The right message through.