Leicester in NHS dentist drive

NHS Leicester City is on a drive to encourage people to visit NHS dentists in the area. Dentists in Leicester are aiming to brush away myths about the lack of NHS dental provision, in a bid to inspire thousands of local people to access dental services.

A campaign was recently launched to raise awareness to which dental surgeries in Leicester are offering NHS treatment, as well as to challenge the notion that it is hard to find an NHS dentist in Leicester. There are currently 60 NHS general dental providers in the city, of which more than half - 55 in total - are accepting new patients.

Staff from NHS Leicester City’s patient advice and liaison service (PALS) are signingpost people to those dentists accepting new patients via a new dedicated dental helpline.

The campaign is also aiming to make dental charges clearer, so that patients who pay for NHS treatment can easily understand charge bandings.

Toby Sanders, NHS Leicester City’s director of primary and community care, said: “There is a belief that it is difficult to find an NHS dentist, but in Leicester this is no longer true.

“We have invested in dental services to make it easier than ever before for people to get an appointment. There are dozens of dentists across the city waiting to see NHS patients and we want people to take full advantage of this.”

Dentist Philip Martin, who is chairman of Leicestershire and Rutland local dental committee and has a dental practice in Leicester, said: “There are many high quality NHS dentists available to people in Leicester and as local dentists we are all keen to support good oral health. We are sure that this campaign will encourage people to make an appointment now and to continue to see a dentist regularly in the future.

“We particularly want to see people back in our practices, who have not been to see an NHS dentist for some time. Visiting the dentist before problems develop is the best way to avoid costly bills and potentially painful problems in the future.”

Left-Right: Duncan Rudkin, Angie McBain, Martin Fallowfield, Sue Bruckel, Tony Reed, Sally Nash, Martin Bruce (Photo: Sally Bayford).
So, is access the best target? If there are areas where money is being spent on surgeries which aren’t, where do we look? Local need is a vital area to look at. The needs of the population can vary from county to county, town to town, postcode to postcode. Dental professionals working in the NHS system know their patient base and know the needs that they have. Why not pass this information to the PCT or SHA? If every dentist in the same area did this, the strategic planners would be able to see the vital areas of need existing in their region.

I understand that in a perfect world this would be the case and I have no doubt that some readers are shouting ‘I do that already’, maybe with little success. Those in the profession know that the levels of engagement are variable across the country, and if your views are not being heard, with the new wave of commitment by the NHS to the dental profession, perhaps now is a time to try again and let your PCT know what your patients’ needs are.

DIO implants have an effective cutting edge for ease of insertion, with double threading for better primary stability and excellent torque values. The tapered shape improves bone healing and density, whilst the internal torx design helps to reduce stress during insertion by up to 50% compared to hex-type fixtures. The availability of eight platform options makes for the best abutment performance.

However, given the current economic climate Dr Nandra is finding that quality is not the only critical factor. Instead, the balance between product performance and cost, as well as the subsequent impact on the end user, are becoming increasingly important considerations.

Dr. Anoup Nandra BDS (U.Birm) MFGDP

Dr. Anoup Nandra explains why DIO Implants are perfect for the UK

A Fixture of Success

The top story this week looks at the necessity of improving access over addressing need. Some areas of the UK are seeing ‘access saturation’, where there are no more people wishing to access an NHS dentist, and plenty of spaces left.

EndoCare Richmond combines the latest endodontic specialist treatment techniques with the best quality patient care. The new branch, which is based in south west London is an opportunity for dental professionals to make use of this service, which is provided by clinical director, Michael Sultan and his team of specialists.

Mr Sultan said that dentists referring patients to the Richmond centre would be assured of the same outstanding care and high calibre endodontic solutions for their patients, which have already given Endocare its outstanding reputation.

He said: “It is a very exciting time for Endocare and now we can continue to take great care of your patients and treat them at either Harley Street or our new Richmond practice. We understand the trust that is placed on us by referring dentists and we want to work as an extension of your team, so you can continue to proceed with the next part of the treatment. We will make ourselves available to you and are always happy to give advice and support, aiming to see your urgent referrals as quickly as possible.”

For more information, log onto: www.endocare.co.uk
BDA attacks Widening Gap in Oral Health Inequalities

There is an “unacceptable and growing chasm” between those with good and poor oral health, according to the British Dental Association.

The Association’s recently published oral health inequalities policy document highlights the growing gap between satisfactory and unacceptable oral health in the UK. The document stresses the close association between low socio-economic status and poor oral health, calling for more focus on preventive care. It also emphasises that there should be a more integrated approach to oral health from health and social care providers. In addition, the paper argues that greater priority should be given to specific patient groups, such as those with disabilities, older people and the prison population.

The effect of alcohol and tobacco on oral health inequalities is stressed in the paper, especially with regard to their role as risk factors for oral cancer.

Professor Damien Walmsley, scientific adviser to the BDA, said: “There has been a significant improvement in the nation’s overall oral health over the last 50 years, but in spite of that, we still see a huge disparity which is all too often related to social deprivation. It is completely unacceptable that in Britain, in 2009, such a wide gap should exist.

“Much good work to address this problem has begun and this report commends a number of schemes such as Brushing for Life and Sure Start which are starting to make a difference. However, a great deal of work still remains to be done and it is vital that dentists are supported in carrying it out.”

The BDA’s Oral Health Inequalities policy sets out measures designed to tackle the unacceptable and growing inequalities in the nation’s oral health. It shows that those living in the most deprived areas of the UK suffer the highest levels of oral disease.

It identifies the dental team as ideally placed to inform and advise patients about matters affecting their oral and general health, including nutrition, tobacco and alcohol. Strategies are set out to address the special requirements of vulnerable sections of society, including children, older people, prisoners and those with disabilities.

The paper also highlights the need for resources and remuneration to enable the dental team to spend time with patients and carry out their central role effectively. It is calling for an evidence-based, integrated approach between all healthcare and social services, because many causes of poor oral health are also risk factors for systemic diseases. Oral health prevention and education programmes should be part of overall Government health programmes.

Fellows in honour ceremony

Four new fellows of the British Association for Dental Nurses (BADN) were honoured at the closing ceremony of the 2009 National Dental Nursing Conference.

BADN president, Sue Bruckel presented new fellows Val Davis, Jackie Gazzard, Anne Hewitt and Wendy McCormack with their certificates at the recent conference in Cheltenham.

In order to become a fellow, dental nurses must have been a BADN member for 10 or more years, be registered with the General Dental Council and hold the City & Guilds Licenti ate in Dental Nursing. In order to be awarded the Licenti ate, a dental nurse must hold a preliminary qualification in dental nursing, such as the National Certificate or the S/NVQ 3, have further qualifications or evidence of five years in a supervisory position, and have evidence of further CPD.

EMS-SWISSQUALITY.COM

THE NEW PIEZON
PIEZON MASTER 700 – THE ORIGINAL PIEZON METHOD IN THE LEAD WITH INTELLIGENT i.PIEZON TECHNOLOGY

NO PAIN for the patient – what the inventor of the Original Piezon Method had in mind when he developed the new Piezon Master 700.

The result is a treatment which irritates neither teeth nor gingiva – and which delivers extrasmooth tooth surfaces without abrading the oral epithelium.

It is a symbiosis of intelligent technology and unequalled precision. A perfect match between the Original Piezon LED handpieces and the i.Piezon module for instrument movements perfectly aligned with the tooth. An incomparable fit when used with EMS Swiss Instruments made of ultrafine biocompatible surgical steel.

With its modern touch panel, the new Piezon Master 700 sets new standards for ease of operation and hygiene. Everyone benefits, all feel good – patient, practitioner, the whole practice.

For more information > info@ems-ch.com

‘It is vital that dentists are supported’