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 as 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 signposting 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.”

National Dental Nursing Conference Success

This year’s National Dental Nursing Conference held at the Cheltenham Chase Hotel was the biggest and most successful to date. A record number of delegates attended the conference in October, which was sponsored by the BDTA, NHS Direct and Philips Sonicare.

Participants saw outgoing president, Angie McIlhain hand over the chain of office to Sue Bruckel who became BADN’s 2009-2011 president at the opening ceremony, where the keynote speaker was GDC president, Hew Mathewson.

The conference’s extensive lecture programme offered up to seven hours of verifiable CPD. Lectures covered cross infection control, introducing preventive practice, law and ethics, back care for dental nurses, risk assessment, prosthetics, oral and maxillofacial surgery, implants, medical emergencies and resuscitation, the new BDS for dental care professionals, forensic dentistry and accessibility for people with learning disabilities. Delegates could choose in advance which presentations they wanted to attend, through BADN’s new CVENT on line registration facility. A wide variety of speakers attended the event, from organisations including Schüecke, Colgate, the British Chiropractic Association, Nobel Biocare, Philips Sonicare, the University of Kent, Gloucestershire PCT and the 2gether NHS Foundation Trust.

Outside the lecture theatre, delegates talked to representatives of NHS Direct, the GDC and Parliament Hill, providers of the BADN benefits’ scheme. At lunch, they were treated to a selection of British cheeses, courtesy of the British Cheese Board.

Peterborough general dental practitioner, Martin Fallowerfield, was master of ceremonies at the black tie presidential dinner. Entertainment was provided by swing tribute act Swing Thru a Lens, whose repertoire of rat pack classics and modern swing favourites proved to be a big hit with delegates.

At the closing ceremony, the new president presented four new BADN fellows with their certificates, introduced new members and first-time delegates, congratulated delegates on recent qualifications and achievements and presented a wedding present from the BADN to newly-married chairman of the BADN’s youth education group, Samantha Ball.

Next year’s national dental nursing conference is at the Blackpool Hilton in November.
Editorial comment

Access v need – a utopia

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.

Champagne reception

Patients and staff at EndoCare Richmond celebrated its recent opening with a champagne reception.

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 could 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

A Fixture of Success

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

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.

“Alongside usability, price is of key importance. All implant surgeons will appreciate the handling and ease of use of all the DIO range, but we have found that the competitive price means everyone - from patient to surgeon - benefits.”

Historically, high prices of implants here in the UK have meant that many people are choosing to travel abroad where costs are much lower. Many practices are discovering that the pricing of DIO products mean they can offer a high quality and financially attractive service, growing their customer base as people realise they do not have to go through the hassle of traveling abroad to afford the treatment they want. Dr. Nandra continues:

“The credit crunch has meant more and more people are carefully considering the financial implications of dental treatment. I am able to offer my patients an excellent product at a significant saving to them. This does not harm my business as I can maintain the same level of profitability and pass the cost saving on to my patients. It is a win-win situation!”

The Edgbaston Dental Centre is representative of many practices across the UK that are finding the comprehensive range, cost effective pricing and high quality of DIO products appealing for their own technical demands and customer satisfaction. All fixtures are approved to relevant CE, ISO and FDA standards across Europe, the USA and Asia.

Dr. Anoup Nandra BDS (Lhrum) MF GDP RCS

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.

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.

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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 Licentiates in Dental Nursing. In order to be awarded the Licentiates, 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.