A study that will investigate the effect of social deprivation on oral health in outer north-east London has won a grant of more than £88,000.

The study, which will investigate whether people living in deprived communities define oral health differently from their peers living in less deprived areas, beat off competition from eleven other proposals to secure funding from the Shirley Glasstone Hughes Trust Fund.

The study, which will consider the populations of Redbridge, Waltham Forest and Barking and Dagenham, will assess whether individuals’ concepts of oral health affects the way they care for themselves and what barriers exist to individuals accessing care and adopting healthy behaviours.

Patient concepts of oral health will be used to find out whether deprivation can explain why some individuals engage in behaviours such as smoking, excessive alcohol consumption and irregular visits to a dentist, which increase their risk of oral diseases.

The study aims to assess the strengths and shortcomings of the way oral health services are provided, providing evidence on how to adapt existing structures and develop new services and interventions that overcome barriers to care. It will also provide evidence to underpin models of commissioning care.

Prof Liz Kay, Chair of the Trustees of the Fund, said: “The award of this grant has won a grant of more than £88,000 to Shirley Glasstone Hughes Trust Fund visit www.sghtrustfund.org.”

The project will be led by Dr Russ Ladwa, Dean of the Faculty of General Dental Practice at the Royal College of Surgeons in England, will be hosted by the Institute of Dentistry at Barts and The London School of Medicine and Dentistry.

Thanking the trustees, Dr Ladwa said: “The award of this grant represents a great boost to research in primary care. The FGDP(UK) will work in collaboration with the host institution, Barts and The London SMD, Queen Mary University of London, which has a tradition of research in health inequalities.

Both the Institutions are delighted to be given the opportunity to carry out research that will provide evidence to develop cost effective models of delivering prevention and treatment in primary dental care.”

For further information about the Shirley Glasstone-Hughes Trust Fund visit www.dentistryresearch.org

Survey: Experience of decay at age 12

A survey carried out by the North West Public Health Observatory (NWPHO) and The Dental Observatory (TDO) working with the Department of Health (DH) and the British Association for the Study of Community Dentistry (BASCD) has provided information on the caries prevalence and severity of 12 year olds attending state schools.

Additional reports provided information about the demand and need for orthodontic intervention in this age group, experience of oral discomfort and the impact it has on quality of life, self-perception of enamel opacities of front teeth and brushing habits.

The data was collected by trained and calibrated examiners employed by PCTs. The data collection involved visually detecting missing teeth, filled teeth and teeth with obvious dentinal decay.

In addition the need and demand for orthodontic intervention were measured along with self-perception of enamel opacities, self-reporting of oral symptoms and the impact they had on quality of life, brushing frequency and the presence and absence of plaque.

The Results

At a national level, the study revealed that 33.4 per cent of pupils had experience of caries, having one or more teeth which were decayed to dentinal level, extracted or filled because of caries.

The remaining 66.6 per cent were free from visually obvious dental decay. Overall, the study revealed that on average, 12 year old children in England have 0.52 teeth decayed into dentine.

At a national level, the average number of filled teeth in 0.55 and the average number of missing teeth is 0.07.

The results also showed that reducing levels of disease are in alignment with those found in previous years. The geographic distribution of disease levels is also consistent with previous surveys. The northern SHAs, Yorkshire and The Hum- ber, North West and North East show higher prevalence and severity of disease than SHAs in the Midlands and the South West. The more southern and easterly SHAs, South Central, South East Coast and London, along with East of England, have the lowest levels of disease.

The full tables of results at PCT, LA and regional level are available at www.nwpho.net/dentalhealth.

Fear of red tape

Earlier last week, the British Dental Association (BDA) warned that growing bureaucracy is destroying the morale of high street dentists in England and could be driving experienced practitioners to retire early or leave the NHS. According to their research, excessive administration is the primary factor behind a downturn in dentists’ confidence and this could be driving many experienced practitioners to consider early retirement.

Nearly half of all high street dentists are reporting that their morale has fallen during the past twelve months. More than 80 per cent of those said that growing administration was to blame for the decline in morale. Rising expenses and continuing problems with the 2006 dental contract, including a lack of time to provide preventive care to patients, were also cited as major factors in the declining confidence of the profession.

Worryingly, more than ten per cent of dentists aged 55 and over are already leaving the NHS each year.

The BDA is concerned that the registration of dental practices with the Care Quality Commission in 2011 could exacerbate the problems that are already being seen, and drive many dentists into early retirement. This would be a serious concern both because it could affect patients’ ability to access dental care and because it would deprive dentists of a generation of highly experienced dentists.

“Despite an overall improvement in the health of the nation, NHS dental professionals are working in an environment that cripples their ability to provide the care that people need. The Government’s ‘慢性’ obsession with regulation and bureaucracy is driving a generation of highly experienced dentists out of practice.

“Barriers exist to individuals accessing care and adopting healthy behaviours. This project will provide evidence to underpin models of commissioning care.”

John Milne, Chair of the BDA’s General Dental Practice Committee, said: “Morale amongst family dentists in England is at a low ebb. This would be a disaster.”

The Government is taking steps to address the problematic contract that was introduced in 2006 and we are looking forward to an announcement of how new arrangements will be developed. But it’s also clear that red tape is becoming a major issue, with CQC regulation a real concern for dentists.

If the new contract is to be a success the Government must look at this carefully, unthang the red tape and free dentists to do what they are trained for: care
Editorial comment

As you will have seen from the front page story of this issue, I recently attended the Westminster Health Forum’s meeting looking at the future of dentistry. The event was interesting and informative with the overriding message for attendees was that everything will be alright for NHS dentistry.

This would be fantastic news, except for the fact that to me it seemed that many of the speakers, with their various levels of interest in the success of a new contract and piloting, were almost trying to convince themselves that the future was indeed rosy.

I can see the need for and encourage a positive attitude when it comes to the future of NHS dentistry. Stakeholders from all sides of the spectrum need to come together and take the best bits from the pilot schemes to improve the experiences for patients and the working conditions for practitioners. However, there are too many cynics (myself definitely included in that) in dentistry who would feel most disquieted by a united show of optimism from both the profession and politicians. I reserve judgement until we have more clarity about CQC and how the Commissioning Board will function before donning my shades and basking in the glow of the bright new NHS.

Award for excellence

Edward Lynch, Head of Warwick Dentistry, part of Warwick Medical School, has been honoured with accredited membership of the prestigious American Society for Dental Aesthetics (ASDA).

Fewer than 200 educators, innovators and practitioners worldwide have received this distinguished accredited membership since ASDA was established in 1976, when it became the first aesthetic dental association in the world.

Throughout its 34-year history, the association has sought to raise awareness of this specialised area of dentistry by showcasing those experts who are able to share the best and most innovative techniques.

Edward explained: “I’m delighted to receive the honour of this prestigious accreditation...We are building a team of world class academics in Warwick Dentistry and we aim to be a world-leading postgraduate unit, internationally renowned for our high quality and relevance of our education programmes and for the excellence and significance of our research.”

To mark his membership, Edward was asked to give the prestigious keynote address at the annual ASDA congress in San Antonio, Texas. ASDA introduced his keynote address by recognising his efforts in the development of Education and Research in Dentistry and for his many achievements and contributions to the profession, appearance related dentistry, dental education and research. He was also voted by his peers in April 2010 as this year’s most influential person in UK dentistry.

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If so don’t hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA

Or email: lisa@dentaltribuneuk.com
The Arts and Crafts of charity

The Northern Ireland Branch of the BDA is holding an art and craft exhibition and auction in aid of the Ben Fund.

All the pieces have been created and donated by branch members and their friends. The pieces range from pictures in oil, acrylic and watercolour paintings and linoleum prints to bronzes, wood carvings and donated craft images, walking sticks and patchwork quilts.

You can view the pieces and bid for them online at www.bda.org/nibenfund auction. The online auction continues until 700pm on Monday 6th December. There will be an exhibition and sealed bid auction of the pieces on Tuesday 7th December at Maloney Lodge Hotel, Belfast starting at 7.00pm. The presidential address will follow at 8.0pm.

The highest bid online or on the night will take the piece.

Henry Schein have kindly agreed to sponsor the evening and have agreed to deliver the items to the winning bidder. To view and bid visit www.bda.org/nibenfund auction.

Prison dentist gets prison sentence

A dentist who treated jail inmates has been given a 2.5-year prison sentence for defrauding the NHS.

According to news reports, John Hudson was jailed for claiming more than £500,000 from the health service by billing twice for the same treatment.

Hudson, 58, provided dental care for inmates at HMP Altcourse, a privately run facility at Fazakerley near Liverpool.

Dental services at Altcourse were also contracted out and the dentist took advantage of a change in NHS accounting and billing systems in 2009.

The court heard that a good part of the illegally gotten payments went on fees for the education of his three children and holidays, but he now owes £40,000 and is being pursued by the NHS for £500,000.

Hudson admitted to two charges of dishonesty and illegally obtaining credit from the health service. Judge Graham Morrow QC, who sentenced Hudson yesterday at Liverpool Crown Court, said that Hudson had held a senior position in the community at the nearby town of Whitworth, but had committed acts of blatant dishonesty that deprived patients of money that should have gone towards their care.

It was revealed that Hudson was paid by HMP Altcourse but also claimed £507,000 over two years.

It was also reported that Hudson approached Liverpool Primary Care Trust about a contract at the jail demanding £247,000 a year; he went on to accept half that figure.

Radioactive dentists

The Health Protection Agency has been introducing guidance on radiation protection for dentists using certain new types of scanners in dental surgeries.

In the past few years, specialist dental surgeries all over the UK have been introducing Cone Beam Computed Tomography (CBCT) technology to aid treatment. These scanners are similar to those used in hospitals for medical examinations; however they only scan the jaw and skull.

The scanners are used for specialist examinations and can deliver higher doses of radiation, unlike other X-ray equipment that dentists use.

Because of the rapid uptake of this new technology and the lack of specific safety guidance on its use, the Health Protection Agency’s dental radiation specialists assembled a group of experts to formulate guidance for dentists.

Dr John Cooper, Director of the Health Protection Agency’s Centre for Radiation, Chemicals and Environmental Hazards, said: “Cone Beam Computed Tomography is a new and useful tool for dentists. However, like any X-ray equipment this technology utilises radiation and therefore there are risks.”

“I am sure that the detailed and thorough work undertaken, will play an important role in ensuring that doses to patients are effectively controlled and that all others involved in the use of this technology, dentists and their staff, are well protected.”

The new guidelines set out:

• What dentists should do before acquiring a CBCT scanner, including choosing suitable equipment, ensuring staff are adequately protected and making sure rooms where the equipment will go are specifically designed for the technology.

• How existing regulations apply to the use of CBCT.

• Standards that dental CBCT scanners should be tested against to make sure they work correctly and are capable of keeping patient doses as low as practicable.

• The training that dentists and other users, will need to enable them to use the new technology properly.

The expert group included HPA dental and medical radiation protection staff, dentists, regulators, medical physicists and academics.

Dr Cooper added: “This guidance will play an important role in protecting all those involved in the use of CBCT and I want to thank the group which developed it for its hard work. The fact that those on the group come from such diverse backgrounds illustrates how this advice has been developed by all those with a professional interest in this field.”

“I hope that dental professionals will find this guidance useful.”

Vegetables are good for you: Fact

Results from a recent study have shown that women who consume high volumes of folic acid found in Vatamin B from vegetables and some fruits are less likely to suffer from mouth cancer.

Starting in 1976, 87,000 nurses were followed by researchers from the Columbia University Medical Centre and Harvard School of Public Health for 50 years. The research revealed that women who drank a high volume of alcohol and had a high folic acid intake were three times more likely to develop mouth cancer than those who drank high volumes of alcohol but had high volumes of folic acid in their diet.

As recent studies have shown, alcohol is one of the major risk factors for mouth cancer and those who drink to excess are four times more likely to be diagnosed. However, this is the first time that folic acid intake has been shown to affect the risk of the disease.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, said: “Rates of mouth cancer in women have been increasing for many years as a result of changed social habits with more women smoking and drinking.

This new research could offer a method to reduce this by looking at the folic acid intake and increasing fruit and vegetables on the diet. “In the past studies have tended to focus on males, as they are twice as likely to suffer from the disease. Whilst this study focuses on women we know that men also benefit from the protective value of increased fruit and vegetables”.

Folic acid or vitamin B9 is essential to an individual’s health by helping to make and maintain new cells. Alcohol leads to a reduction in folic acid metabolism by creating acetaldehyde which leads to a reduction of folic acid in the body. Folic acid is found in vegetables such as spinach, asparagus, beans, peas and lentils and is added to bread. Fruit juices, broccoli and brussel sprouts contain smaller amounts.

Having an unhealthy diet has been linked with a third of mouth cancer cases. Recent research has also shown that an increase in food such as eggs and fish that contain Omega 3, and nuts, seeds and brown rice, which are high in fibre, can help decrease the risks.

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