Out of the frying pan...

...and into the fire, as agreement is cancelled between DPA and CODE; DPA now looking at rescue options

Following recent events surrounding the ‘merger’ of CODE and DPA, a new twist in the association’s future development has occurred. According to statements released by CODE and the DPA, the proposed CODE DPA ‘merger’ has been cancelled.

In a statement released by CODE, the ‘rescue plan’, which had been offered by GDPA Ltd with CODE’s support as a long-term solution for the financial stability of DPA, has turned down by DPA members: “The members decided to keep the DPA as a mutual, primarily because in their opinion CODE wasn’t political enough.”

In an email to members, Mr Short stated: “Members have indicated in a survey and by other means that they would not approve the rescue proposal from GDPA Ltd and that they would like the Association Management Agreement (AMA) to be cancelled. As we are representing members’ wishes I have arranged to cancel the AMA, but this still leaves us in the situation that we need a way to rescue the DPA. One expression of interest from a new party has already been received. The deadline for this is the 14th June. A new date for the AGM has also been arranged, and will be held July 7th. Interested parties should send their proposals to Reg Short by email before the 14th June. Members will be able to vote on their chosen rescue solution at the AGM.

GDPA Ltd will respect the wishes of members and not make a new rescue offer.

For further information or to send a DPA rescue proposal email: rwj.short@virgin.net.
A snapshot survey carried out by the Dental Complaints Service (DCS) at the Vitality Show in London has revealed insights into the way patients view their dental professionals.

Staff from the Service, which helps resolve complaints about private treatment, were at the show to remind patients that the first step if a problem arises is to talk to their dental professional.

Nearly 500 people took part in the short survey over the four days of the show and of that number there was a fairly even split between NHS (49.8 per cent) and private dental patients (40.8 per cent).

According to reports, the new method of cleaning has already been adopted by experts in the US.

The research was carried out by a team of scientists from Brazil, who also identified that by soaking dentures in a germicidal mouthwash solution of two per cent chlorhexidine gluconate for 10 minutes could also make them safe.

According to the study led by Karen Tereza Alitieri, a dentist at the Araquara Dental School in the Universidade Estadual Paulista in Sao Paulo, either method is “sufficient to disinf ect dentures coated with the toughest MRSA biofilms for up to a week.”

“Now that we are at the first investigators to report the effectiveness of this method in killing MRSA,” she said in a report.

Scientists have suggested that simply leaving dentures in a glass overnight may not be enough to keep them clean.

MRSA, full name Meteticillin Resistant Staphylococcus Aureus, is a bacteria resistant to some antibiotics and according to scientists usually found on false teeth, scientists said.

The latest twice-yearly Lloyds TSB Commercial Healthcare Confidence Index shows that the short term confidence of dentists has fallen 20 points, since the first survey in October 2011.

Once again, the outlook of GPs was the least positive of the three primary healthcare providers researched, followed by pharmacists and then dentists, whose previously positive score suffered the biggest fall in confidence.

The findings are based on a combined ‘Confidence Index’ drawn from responses to a number of questions, canvassing primary healthcare providers opinions on overall business confidence and outlook for the future profitability of their businesses.

Where any figure greater than zero represents a positive outcome, figures below indicate a negative one (the maximum value achievable is plus 100, GPs registered minus 62, an overall shift of minus 1 to an even less confident position.

This compared to minus 42 for pharmacists - an eight point uplift - and a 12 point fall of minus 38 for dentists, indicating that GPs are still by far the most uncertain of the likely impact of forthcoming NHS reforms, while pharmacists are the only group heading towards a more positive outlook.

Dentists’ collective long term confidence (looking ahead over the next five years) fell three points to minus 67 since the last survey.

Dentists were split on whether NHS practices would remain the most profitable with 26 per cent saying they would, 33 per cent saying not and 41 per cent unsure. A surprising 45 per cent of those undertaking NHS work said they had experienced some ‘claw back’ in the last year and over half (55 per cent) expressed doubt that the new contract will be adequately funded. Only 29 per cent of all dentists believe they will still be working to an NHS contract in ten years’ time.

Ian Crompton, head of healthcare banking services for Lloyds TSB Commercial, said: “Pharmacist confidence has improved to a degree, GPs have maintained the most uncertain but dentists really seem to have lost confidence since our first survey in October 2011. "Back then, they stood out as the only group among their healthcare peers who had any positivity about the short term future of the profession."

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“The Health & Social Bill may now have passed but the debate has clearly unsettled NHS dentists who are facing their own contract changes in 2014 and private dentists are still feeling the impact of the economic downturn.”

More than 50 per cent of private dentists who responded to the survey admitted that they may be encouraged to take on NHS work, having had an increasing number of requests from their private patients. Despite this, when asked outright if they would take on NHS work, 69 per cent said that they would not.
Editorial comment

Last week saw this year’s BDA conference and Exhibition occur in Manchester. From a networking perspective, it was a great opportunity to meet up with colleagues across the profession and catch up with the latest happenings in dentistry; in addition to some great speakers. My favourite lecture was the presentation entitled “Fighting the Tide of Communicable Disease and Avoiding Infection – Experiences from the Cruise Industry” by Medical Director for Carnival UK (Cunard and P&O) Kate Bunyan. Anyone who was there I’m sure will never forget the thought of people counting how many toilet rolls are used in cabins to keep an eye out for spikes in usage!

One ‘highlight’ was the speech by Parliamentary Under Secretary of State for Quality (Department of Health) Earl Howe, outlining the changes in dentistry and what is to come over the next few years. He discussed many issues surrounding piloting and the analysis of the first tranche of data from the pilots as well as the commitment to reducing the inequalities in child oral health across the country.

Bridge2Aid believe that together everyone can make a difference – just £1 at a time. They are asking practices to offer their patients a chance to add £1 to their bill. For every £120 you raise, you will have given access to emergency dental care to a whole village – allowing people to live pain-free, and, for many, giving them the chance to return to work to support their families. As the money will be put towards training local East African health workers, you know that your fundraising is making a long-term difference, and is not just a quick-fix.

Bridge2Aid will send you all of the information you need to get started, and the posters and reception information stand that will help you tell your patients what you are doing. These should be enough to get your patients on board, without the need for your receptionists to take time out of their busy day to explain the scheme.

It really is as easy as that. Your practice will get the opportunity to make a sustainable difference to thousands of people, and your patients will see that as a team you have decided to support such a great cause – bringing you real business benefits.

For more information visit www.bridge2aid.org/b2a/
Expert calls for tax on unhealthy foods

Director of the University of Oxford’s health promotion research group, Dr Mike Rayner, is urging the government to introduce a tax on unhealthy foods and drinks to encourage people to eat more healthily.

Dr Rayner believes that a “fat tax” (as it has been referred to), could help tackle obesity and help raise funds. He told the BBC that obesity services billions of pounds every year and that a 12p tax on soft drinks could prevent several thousand deaths each year.

“There’s evidence to show that manipulating food prices can encourage healthy eating. So why are we so reluctant to change the way we tax food?” Dr Rayner was quoted in one report. I don’t report whether it’s hot or cold, whether you got it from a takeaway or a shop - I’d like us to tax all unhealthy foods, including biscuits. And in doing so we can tackle a problem that will only keep expanding.”

A film produced by Dr Rayner was shown to Ms Webb and Angela Eagle to see what their thoughts were on the subject.

According to a report, Mr Webb said that the idea of a sugar tax was “worth looking at”, while Ms Eagle claimed that although tax could have a role in tackling obesity, it was not a simple solution.

Parents are biggest providers of alcohol to kids, reveals Drinkaware

Children as young as 10 say their parents are who they turn to first for advice about alcohol, and the most common source of alcohol itself, according to new research published by alcohol education charity Drinkaware. Unique research, which polled parents (who were social grades ABCD) of 10-17 year olds and their children, highlights that 72 per cent of the 10-17 year olds questioned say their parents are the first people they would approach with questions about alcohol, while half (50 per cent) of those who have had a drink reported it was their parents who supplied them with the alcohol the last time they drank.

The publication of these findings coincides with the launch of Drinkaware’s new ‘Mumtank’ - a team of mums with expertise ranging from health and child psychology, to education and parenting. The Mumtank will provide parents with practical advice on how to tackle the thorny issues around kids and alcohol. Members include Mumnet co-founder Carrie Longton, TV’s Dr Sarah Jarvis and Super-snet co-founder Carrie Longton.

The research also shows that while 85 per cent of parents agree it is important to talk to their kids about alcohol, a third (32 per cent) admit that there are many things they do not know about the effects of alcohol on children. Many parents allow their children to drink from an early age - with data showing that the average age at which the child had drunk alcohol, the average age at which parents first allowed their child to have a drink was 11.8 years old. Of the 10-17 year olds polled who had drunk an alcoholic drink, the majority (55 per cent) had been with their parents the last time they drank alcohol.

Additional findings from the research include:

• 45 per cent of parents worry that their child’s friends have a greater influence on their child’s drinking behaviour than they do
• More than two thirds (67 per cent) of 10-17 year olds say they have never felt encouraged to drink alcohol.

Based on the outcomes of this new research, and drawing on their collective expertise and experience, this summer the Mumtank will produce a practical and thought-provoking set of resources for families, which will seek to involve them in the debate and offer advice and guidance on children and alcohol.

This resource will form the centrepiece of Drinkaware’s parenting campaign this year, which offers advice and tips to parents on how and when to talk to their children about alcohol, in an age appropriate way, between the ages of 8 -17. Further advice can be found at drinkaware.co.uk/parents

Chris Sorek, Chief Executive of Drinkaware, said: “These findings will help to reassure parents that their children are more likely to go to them for advice about alcohol than their peers. So it’s really important that they have the right advice, information and support to talk to their kids. Evidence shows that the earlier children start drinking, the more likely they are to drink more and more frequently as they grow up. * When asked about the last time they were drinking, 30 per cent of 10-17 year olds who have had a drink say their parents gave them the alcohol.

Outstanding achievement award for BADN Chief Exec

BADN is proud to announce that the Dental Awards 2012 Outstanding Achievement Award was presented to Chief Executive Pam Swain at the black tie Dental Awards dinner held at the Lancaster London Hotel in 20 April, hosted by comedian Mitch Benn.

The Dental Awards, now in its 14th year, is organised by Purple Media Solutions Ltd and is sponsored by The Dental Web, Denstply, Software of Excellence, Waterpik, Werigley, Beverley Hills Formula and Practice Plan. Each of the winners of the 18 awards received a beautiful, specially designed glass trophy.

Pam was born in Fleetwood in 1958 and later attended Fleetwood Grammar School and Blackpool & Fylde College. In 1976 she spent one year in Vienna, as an au pair and part time student at Vienna University studying “Deutsch für Ausländer”. She worked briefly for the Home Office Research Unit in London and moved to Brussels in 1979, working for CPCR Europe Ltd and at Hilton International’s European Office, in Personnel and then in Marketing. From 1981 to 1987 she worked at the NATO Headquarters in Brussels, both for the International Staff in the Electronic Warfare section and for the International Military Staff in the Operations Division.

Pam moved to Bermuda in 1987 where she worked in the Investment Department of the Bank of Bermuda, completing three quarters of the American Institute of Banking courses and evening courses in investment banking, effectiveness training and small business management. In 1990 she took a year’s sabbatical in the US, training as a holistic therapist at the Massage Institute of New England in Boston, and obtaining the American Massage Therapy Association’s qualification. Upon her return to the UK in 1991, Pam ran her own part time therapy business until her Association workload made that no longer possible.

More recently, she obtained a Master’s in Business Administration (MBA) from the Open University and a Licentiate in Management from City & Guilds (LCGI). She is also a Fellow of the Institute of Association Management (FIAM) and a Member of the Chartered Management Institute (MCMI).”

As well as Chief Executive of BADN, Pam is Editor of the “British Dental Nurses’ Journal” and was Registrar of the Voluntary National Register until it closed in 2007. She has worked for the Association for 20 years this summer and has been instrumental in both raising the profile of dental nurses and the Association and in obtaining professional status for dental nurses and recognition of their vital role in the dental team. Pam became President of Blackpool & District Soroptimists in April 2012.

“I am delighted and extremely honoured to receive the Outstanding Achievement award” said Pam. “It has become something of a cliché, at times like this, to accept an award on behalf of a team - but BADN is very much a team. Not just the head office, or Council, but also the dental nurses throughout the country who support their profession through BADN membership. Twenty years ago, when I started working for ABDSA (as the Association was then called), dental surgery assistants were very much the Cinderellas of the dental team; today, dental nurses are registered dental professionals and their vital role in the delivery of dental care is widely recognised. We may still have some way to go, but we’ve come a long way in the last 20 years and I’m looking forward to the next 20!”
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CWRU researchers find joint failures potentially linked to oral bacteria

The culprit behind a failed hip or knee replacements might be found in the mouth, DNA testing of bacteria from the fluid that lubricates hip and knee joints had bacteria with the same DNA as the plaque from patients with gum disease and in need of a joint replacement.

This study is one of many coming from the Case Western Reserve University School of Dental Medicine that have linked oral bacteria to health problems when they escape from the mouth and enter the blood.

Working with University Hospitals Case Medical Center researchers, the dental, orthopaedic and arthritis researchers suggest it might be the reason why aseptic loosening or prosthetic wear of the artificial joints fail within 10 years when no infection appears to be present. The pilot study’s findings were reported in the April issue of the Journal of Clinical Rheumatology.

De-Nabil Bissada, chair of the Department of Periodontics at the dental school, said the objective of the study, “Identification of Oral Bacterial DNA in Synovial Fluid of Patients with Arthritis with Native and Failed Prosthetic Joints” was to see if nucleic acid and Serratia proteamaculans found in patients with gum disease were present in the fluid.

The researchers recruited and studied 36 patients seeking care at the University Hospitals Case Medical Center for osteoarthritis (OA) (the wearing of the joints) and rheumatoid arthritis (an autoimmune disease).

For these study participants had both natural and artificial joints. Researchers extracted samples of their synovial fluid, which is much like oil that keeps a door from squeaking. These patients also had signs of periodontitis or gum disease and undergone exams where dental plaque was obtained for the study.

Plaque build-up from the bacteria, associated with gum disease, breaks down the walls of the pockets around the teeth. The inflammation process from the bacteria acts like a gate that gives bacteria access to the blood stream. Once in the blood, the oral bacteria have induced inflammation in remote sites where the bacteria has been linked to heart, kidney and cancer diseases and premature births and fetal deaths.

Because these bacteria cannot be found with routine lab tests, detection of bacteria in the plaque and fluid was done through a process called polymerase chain reactions and DNA sequence analysis of specific genes (16S-23S rRNA). This is a sophisticated DNA tracking procedure.

Five of the 36 patients (14 per cent) showed direct DNA links between the bacteria in the fluid and plaque from the mouth. The breakdown in patients was: one from a rheumatoid arthritis (RA) patient with a failed natural joint and one RA patient with a failed replacement joint; two osteoarthritis (OA) patients with failed artificial joints and one OA patient with a failed natural joint.

Bissada said researchers will continue exploring the oral health link in a larger study.

Transforming care for people with dementia

Health and care leaders have come together to drive improvements in dementia services and deliver on key ambitions set out in the Prime Minister’s dementia challenge.

The Champion Group brings together representatives from the health sector, social care, local government and charities. They will be tasked with driving work on the ground to ensure that health and social care services get to grips with improving services for both people with dementia and their carers.

Last month the Prime Minister announced plans to make the UK a world leader on dementia. The programme aims to deliver major improvements in dementia care, dementia awareness and dementia research by 2015. Three ‘Champion Groups’ are being established to lead the work on each strand.

Actions set out for improving dementia care include increasing diagnosis, rewarding best practice, and ensuring memory services are both established across the country and accredited, giving people with dementia access to high quality services.

The Dementia Health and Care Champion Group, co-chaired by Sarah Pickup, President of the Association of Directors of Adult Social Services (ADASS) and Sir Ian Carruthers OBE, Chief Executive of NHS South of England, held its first meeting today.

The group will take a broad approach to tackling the issue of dementia services, with a focus on how social care services, the NHS and local government organisations can work together to effect real change.

In addition to the specific actions set out in the Prime Minister’s challenge, the group’s approach will also include:

- Improving end of life care for people with dementia
- Improving housing and social care accommodation - supporting innovative solutions to support people with dementia to continue to live at home
- Promoting partnership working between primary and secondary health services and local government
- Reducing the inappropriate use of antipsychotic medication for people with dementia.

Care Services Minister Paul Burstow said: “We are determined to go further and faster in bringing real improvements to the care and support people with dementia and their carers receive in all settings.

“Early diagnosis is key as it allows people to plan for their future, preventing the need for crisis intervention, premature admission to hospital care, and this delivers better outcomes for people with dementia, enabling them to live well.

“But we must also ensure that, once they receive a diagnosis, people have access to the right information and high quality services wherever they live.”

In England 670,000 people have dementia and the number of people developing the disease is increasing. One in three people will develop dementia and it costs society an estimated £19 billion a year.

Sir Ian Carruthers OBE, Chief Executive of NHS South of England, said: “It is important that the pace of improvement is accelerated and progress made towards delivering top quality services for all who require care.”

The three champion groups will report on progress to the Prime Minister, through Department of Health Ministers in September 2012 and again in March 2013.

BDA welcomes funding reminder in Wales

The British Dental Association (BDA) has welcomed a reminder from the Welsh Government to Local Health Boards (LHBs) that funding allocated for dentistry must not be diverted to fund any other type of healthcare.

Minister for Health and Social Services Lesley Griffiths has written to LHB Chairs to remind them that budgets allocated for spending on general dental services contracts and the Designed to Smile programme should be used as intended, and that any underspends on these budgets should not be diverted to shore-up other services. The letter’s emphasis concerns that some LHBs are not maintaining improvements to dental services and that access for patients remains problematic in some areas.

The BDA has also applauded the letter’s confirmation that the dental budget will remain ringfenced until at least March 2014-15 and the renewal of a commitment to develop Community Dental Services in Wales to help with the aim of ensuring vulnerable patients have access to appropriate care. The letter notes the lack of investment in GDS services in deprived areas and the responsibility LHBs hold providing or securing services for society’s most vulnerable groups.

Stuart Geddies, BDA Director for Wales, said: “We welcome the Minister’s clear statement that dental budgets designated for primary care are to be used solely for developing dental services in this area. The BDA has been concerned for some time that some health boards appear to be sitting on funds earmarked for dentistry, rather than commissioning services where they are urgently needed.

“In a country where some people are struggling to access dental care and we are fighting oral health inequalities, it is simply unthinknable that money intended to improve dental services should be diverted. Local health boards need to sit up and take notice of this letter and strive to deliver the care their populations require.

“The Minister’s letter also provides a timely reminder to the Boards of the need to invest appropriately in Community Dental Services. As the BDA has consistently pointed out, vulnerable patients in Wales need to be afforded some political priority to ensure that they are getting the care they need. We are delighted to see that our message has been heard and that boards are being reminded of their duty to invest appropriately in the care of these patients.”

An example of a failed knee replacement

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Dentist with a distinguished army career assumes Presidency of BDA

Frank Holloway, a retired army dentist based in Surrey, was installed as the 126th President of the British Dental Association (BDA). Dr Holloway, the first armed forces dentist to receive this honour since 2005, was presented with his chain of office and made his inaugural speech as BDA President at the opening of the 2012 British Dental Conference and Exhibition at the Manchester Central Convention Complex.

Dr Holloway gained his Bachelor of Dental Surgery degree from Bristol University in 1969 and his Licence in Dental Surgery from the Royal College of Surgeons in the same year.

After five years in general practice in the UK, he worked for the US Army in Bavaria as a civilian dentist. Three years later he joined the British Army, subsequently working in Germany, Texas, Cyprus, the Outer Hebrides and occasionally in England. Frank achieved the rank of Colonel and completed his regular army service as Commandant of the Royal Army Dental Corps, Commanding Officer of the Defence Dental Services Training Centre and Principal Dental Officer of the Home Counties region. He spent the last five years of his career treating new recruits and recently retired after 53 years in the army.

In 1986/87 he did an MSc in conservatory dentistry at Eastman Dental Institute London, after which he taught and ran a referral service for six years. He was then selected for command posts but maintained his clinical involvement and started a long association of activities with the BDA. Frank has been a member of the BDA’s Armed Forces Committee since 1998 and was elected its chair in 2001, a post he had held by 2006. He has also been a member of the Representative Body since 2006.

He has represented the BDA nationally on the British Medical Association’s (BMA) Armed Forces Committee since 1998, and is also on the BMA’s Co-ordinating Group.

Dr Holloway said: "It is a great honour to be President of the BDA and I look forward to serving my fellow professionals in this capacity.

"I look forward to being an ambassador for the profession, both in the UK and abroad, during my term of office."

Married to Carole, he has two daughters. Away from dentistry Frank enjoys hill walking, golfing and gardening.

Genix healthcare to give new smiles for African children

Genix Healthcare has announced that it will be donating considerable support to hundreds of African children this year. Genix is flying one of its top dentists to Durban in a bid to assess the dental hygiene situation at two schools and an orphanage. It will subsequently provide the necessary tools to allow them to begin a long term dental care programme.

As a part of its corporate social responsibility agenda Genix has partnered with Lionsraw, a UK based movement which harnesses the passion of football fans, taking them to World Cup events and European championship whilst doing charitable work during their stay.

In 2010 Lionsraw took more than 150 fans to the World Cup in South Africa and at the same time built an orphanage, sports changing rooms, a preschool, toilet blocks with more than 50 toilets and ran football schooling for thousands of African children. Since then it has continued the legacy to maintain these facilities and provide critical help for the long term.

This week Genix Healthcare dentists Roberto Gil Marques De Suza will join Lionsraw on its UK based movement which harnesses the passion of football fans, taking them to World Cup events and European championship whilst doing charitable work during their stay.

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