Food labelling consultation

Keeping track of what you eat and choosing healthier foods could be made easier thanks to a UK-wide consultation launched by Secretary Andrew Lansley. UK health ministers want to see all food manufacturers and retailers use the same system of front-of-pack labelling. But different retailers and manufacturers use different ways of labelling which can be confusing for consumers. If the biggest seven supermarkets used the same labelling for their own brands, it would cover around 50 per cent of the food sold in the UK and encourage others to adopt the scheme. Health Secretary Andrew Lansley said: “Being overweight and having an unhealthy diet can lead to serious illnesses such as cancer and type 2 diabetes. We need to do everything we can to help people make healthier choices. Offering a single nutrition labelling system makes common sense, it should help us all to make healthier choices and keep track of what we eat.”

New Chair of CCDAS

Deborah White, associate professor and director of education at the School of Dentistry at Birmingham, has been elected as the new Chair of the British Dental Association’s Central Committee for Dental Academic Staff (CCDAS) for the 2012/14 triennium. She was Vice Chair of CCDAS in the last triennium. Deborah joined the University of Birmingham in 1998 as a part-time researcher and joined the staff full time in 1999. She completed her PhD in 2000 and, as head of dental public health, has research interests in dental epidemiology and health services. She undertakes clinical teaching and clinical work in the salaried services in Birmingham. Deborah has been a BDA accredited trade union representative, firstly for the salaried services and more recently for university staff. In her spare time she enjoys walking, gardening and swimming. The Chair of CCDAS will be supported by Jeff Wilson, the newly elected Vice Chair. Jeff is a senior clinical lecturer in restorative dentistry at Cardiff University Dental School.

The government has announced that under the current dental contract system an estimated £70m was wasted on dental fraud in a year.

Figures published by NHS Protect, the lead on tackling and identifying crime across the health service in England, show dental fraud may have cost the NHS £75.1 million in 2009-10.

The government has committed to introducing a new dental contract system that will focus on improving the quality of care patients receive, increase the availability of NHS dental care and promote good oral health. Part of this process will include reducing the risks of dental fraud before it becomes a problem and proactively analysing data on dental contract claims to spot irregular or suspicious claim activity.

The government will work with NHS Protect to tackle the current problem of contract fraud by:

- changing how some dental treatments are recorded to prevent fraud
- undertaking a further analysis of dental fraud to help identify weaknesses in the system
- developing an awareness programme of dental fraud risks, including workshops with local anti-fraud staff to help spot dental fraud activity
- moving to a new single way of working for managing all NHS dentistry services

Health Minister Lord Howe said: “This shows the current dental contract system is not fit for purpose and needs to change to ensure NHS funds are protected and used to benefit patients.

“IT is totally unacceptable that some NHS dentists have abused the system for personal gain. Fraud of any kind will not be tolerated and any allegation of fraud is taken seriously.

“We believe dentists should get paid for the quality of care they provide rather than simply for the number of treatments. That is why we are currently piloting this approach with dental practices ahead of implementing a new dental contract to make sure we get things right and minimise the risks of fraud.”

Barry Cockerott, Chief Dental Officer said: “The vast majority of dentists behave ethically and provide high quality dental care to their patients. Action needs to be taken against the small minority who behave dishonestly and submit fraudulent claims. We are working closely with NHS Protect to raise awareness of fraud risks to help prevent and deter fraudulent activity.

“I would also urge colleagues in the profession and patients to report any suspicions of fraud or corruption to NHS Protect on their confidential dental fraud and corruption reporting line or to their PCT.”

Reducing fraud should keep public funds spent on NHS dentistry services in the public interest. The Government remains committed to introducing a new dental contract system which will protect patients, reduce fraud risks to the NHS and keep prices affordable for the majority of dentists.

Under the current contract the most common types of fraud include submitting false claims for patients who did not exist, claiming for patients who did not visit the dentist and submitting claims for treatment that was not actually delivered. The government is working closely with local anti-fraud officers on the NHS to help prevent more widespread fraud risk in the future and to ensure that funds go to those who need them.

To view the NHS Protect report visit www.nhsbsa.nhs.uk/6550.aspx.
All smiles at National Smile Month launch

**BADN campaign for tax relief on CPD costs**

The British Association of Dental Nurses (BADN) are lobbying HMRC for tax relief on CPD costs - following correspondence between BADN Chief Exec Pam Swan and Exchequer Secretary to the Treasury, David Gaulke MP, in which Mr Gaulke states that:

"HMRC do not accept that all training expenses incurred by the employee will now qualify for tax relief. .......... expenses must be incurred exclusively as an intrinsic part of the performance of duties......... On the basis of the information provided (BADN briefing note to Mr Gaulke)....... the CPD training referred to does not have the characteristics mentioned above ......... No deduction is due for the costs of continuing professional education. That is so even if participation in such activities is compulsory, and failure to do so may lead to the employee losing his or her professional qualifications, and/or their job."

"Dentists, hygienists, therapists and technicians who are self-employed or business owners are allowed tax relief on their CPD costs. However, HMRC is refusing to acknowledge that CPD expenses for dental nurse employees are in fact 'incurred exclusively as an intrinsic part of the performance of duties'" said BADN President Nicola Dochart. "This is blatantly unfair, as tax relief on CPD costs is denied to those most in need of it. BADN are calling on other dental professional associations and the GDC to support this campaign in order that tax relief on CPD costs is afforded to all registered dental professionals."

Dental nurses (and other members of the dental team) are encouraged to visit the BADN’s website www.badn.org.uk, download the form letter together with supporting documents, and send it to both Mr Gaulke and their local MP.

**Transition risk register will not be published**

The Department of Health’s Transition Risk Register from November 2010, which was a statement of potential risks of NHS changes, will not be published, following Cabinet agreement and a final decision made by the Secretary of State for Health.

The Secretary of State for Health sought the Cabinet’s views on the exercise of the Ministerial Veto in relation to the Information Tribunal’s ruling that the Transition Risk Register should be released. He did so as part of a full commitment to act in accordance with the provisions of the Freedom of Information Act, which makes specific provision for the exercise of such a veto.

The Coalition Government are committed to the Freedom of Information Act and has extended it to all academic schools through the Academies Act; and to the Association of Chief Police Officers, Financial Ombudsman Service, and the Universities and Colleges Admissions Service through secondary legislation. In addition, the Protection of Freedoms Act, which gained Royal Assent on 1 May, provides for the extension of the FOI Act to over 100 companies wholly owned by public authorities.

Risk Registers are a vital part of Government policy development. Ministers and officials should be able to deliberate sensitive policy formulation, in expectation that their views are not published at a time when it would prejudice opening up Government information, the Department of Health has published a document that sets out key information relating to the areas of risks in the original Risk Register. It also sets out the mitigating actions that have taken place since November 2010 and which are planned in the future. But it protects the language and form of the Risk Register.

The Department of Health will also publish a Scheme for Publication, which will set out proposals for reviewing and releasing material relating to the transition programme in the future. Both these documents will be published on the Department’s website.
Editorial comment

Last week saw the launch of this year’s National Smile Month Campaign at the Houses of Parliament.

New award for young dentists

The Harley Street Centre for Endodontology is launching the Young Dentist Endodontic Award 2012. Marking the 10th Anniversary of the centre, the award is open to any young dentist who graduated in the last three years, whether they are in their Foundation Year or just starting out on their career. Applicants are invited to submit a case report of their best endodontic treatment so far. An application form can be downloaded from: www.roottreatmentuk.com

Julian Webber, founder of the Harley Street Centre for Endodontology, said: “We hope this award will inspire and encourage young dentists to develop skills in one of the most complex of primary care procedures. While endodontics is taught at dental school and practised by new graduates during their Foundation training, acquiring the confidence to carry out the procedure as well as managing patients is challenging.”

In addition to national recognition, there are five outstanding prizes. First prize is the new WaveOne Endodontic Motor, handpiece and accessories kit, from Dentsply UK and the second prize is a Morita Root ZX apex locator from Quality Endodontic Distributors (QED). Three further runners up will win a pair of endo-benders from SybronEndo.

The winner’s case report will be written up in a UK dental publication and all successful applicants will be offered the opportunity to spend a day at the Harley Street Centre for Endodontology.

The award will be presented at an event at the Royal Society of Medicine in October this year to celebrate the 10th anniversary of the Harley Street Centre for Endodontology. The judging panel will include Dr Julian Webber and Dr Trevor Lamb, endodontists at the Centre, and Prof Andrew Eder, director of the UCL Eastman Dental Institute, and Dr Paul Beresford, the Harley Street Centre for Endodontics.

This year’s campaign is different in that instead of having a specific theme, such as ‘two minutes twice a day’, the British Dental Health Foundation have launched the ‘smiley’, a smile on a stick that has had dental professionals all over the country having their picture taken and uploaded to various social media sites to show support and raise awareness for the campaign.

The launch saw members of the dental sector brandishing their smileys and showing their support for Smile Month, now in its 10th year. Parliamentary sponsor Sir Paul Beresford opened the launch; and there were short presentations by BDHF President John Siebert and Chief Exec Nigel Carter, as well as representatives of the campaign’s platinum sponsors Listerine, Precort & Gamble and Wrigley.

Let’s all support the campaign and get our smileys out there!

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In surgery treatment for caries prevention

- Clinically proven caries efficacy¹
  - 33% reduction in dmfs
  - 46% reduction in DMFT

- Quick and easy application

- Temporary light tint for visual control

Applying fluoride varnish containing 22,600 ppm F is a recommended intervention in ‘Delivering Better Oral Health – An evidence-based toolkit for prevention’¹

Duraphat® 50 mg/ml Dental Suspension. Active ingredients: 1ml of suspension contains 50mg Sodium Fluoride equivalent to 22.6mg of Fluoride (22,600 ppm F)

Indications: Prevention of caries, desensitisation of hypersensitive teeth. Dosage and administration: Recommended dosage for single application: for milk teeth up to 62.5mg (1.25ml Fluoride), for mixed dentition up to 125mg (2.5ml Fluoride), for permanent dentition up to 250mg (5.0ml Fluoride). For caries prophylaxis the application is usually repeated every 4–6 months but more frequent applications (every 3 months) may be made. For hypersensitivity, 2 or 3 applications should be made within a few days.

Contraindications: Hypersensitivity to colophony and/or any other constituents. Ulcerative gingivitis. Benign localised oral tumours. Soreness of mouth. Special warnings and special precautions for use: if the whole dentition is being treated the application should not be carried out on an empty stomach. On the day of application other high fluoride preparations such as fluoride gel should be avoided. Fluoride supplements should be suspended for several days after applying Duraphat. Interactions with other medicines: none known. The presence of alcohol in the Duraphat formula should be considered.

Unwanted effects: Oedematous swelling has been observed in subjects with tendency to allergic reactions. The dental suspension layer can easily be removed from the mouth by brushing and rinsing. In rare cases, asthma attacks may occur in patients who have bronchial asthma.

Legal classification: POM. Product licence number: PL 000490043. Product licence holder: Colgate-Palmolive (UK) Ltd. Guildford Business Park, Middleton Road, Guildford, Surrey GU2 7GU. Price: £22.70 excl VAT (10ml tube). Date of revision of text: 4-6-2009

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Dentists raise money for children’s cancer ward

In December 2003, 15-year-old Robbie Anderson set up a Trust to improve the quality of life for young people spending long periods of time on the children’s cancer ward, where he too was a patient.

As explained on The Robbie Anderson Cancer Trust website: “Robbie knew his cancer was terminal, but even that knowledge didn’t deter him. Robbie went on to help many others – he was there for his last Christmas in hospital, he set about fundraising for a large plasma TV screen for his ward. He wanted the children on the oncology ward to be able to do what everyone else was doing - playing games and watching Christmas films with their families, something many of us can take for granted.

On December 24th it was fixed to the wall in the Day Room. Sadly, 10 weeks later, Robbie passed away.”

Cancer is a battle that must be fought on all fronts - the psychological fight is in many ways as important as the physical care and Robbie’s time in hospital was made so much worse by the lack of any facilities for his age group.

“A focus was on much younger children, down to infant-sized tables and chairs in the day room and not much else but Disney DVDs to watch. While his life hung in the balance he was placed in either a room with Mr Men mobiles hanging from the ceiling or in a crowded six bedded ward decorated with cartoon characters. The old fashioned TV’s on tables battled for space with life-saving blood products and chemotherapy machines. There was no privacy for parents or their children; this, coupled with the sense of being in a nursing situation, Robbie found hard to bear.”

It was then that Robbie decided to set up a trust to improve the quality of life for young people fighting cancer.

His Trust, which continues to support the Children’s Oncology Ward at Leicester Royal Infirmary, aims to work towards providing a facility where all children are treated in age-appropriate surroundings, with a particular focus on teenagers. The proposed unit will cost £1.1 million to build, but will be a centre of excellence with clearly defined spaces for each age group.

And this is where you, the reader, come in. In July, Rob- bie’s parents and members of the dental profession will be setting off on an epic journey to the exotic principality of Monte Carlo to raise funds and awareness of the needs of children and young adults suffering with cancer. The trip, however, will also be carrying out one of Robbie’s wishes, which was to go to Monte Carlo and place a bet on the number eight on a roulette table! All the participants are self-funding the drive and all money raised will go towards funding the age appropriate cancer facility at Leicester Royal Infirmary.

Donations and sponsorship are desperately needed for the facility to become a reality. The Robbie Anderson Cancer Trust is proud to be supporting University Hospitals Leicester in their campaign to provide a unit in Leicester that will make a significant difference to the lives of all young people fighting cancer.

For those of you wishing to make a donation to this worthwhile fund or to find out more information visit www.robbieanderson.org.uk/index.php/donations-contact-us or www.robbieanderson.org.uk/index.php.

Energy drinks responsible for irreversible damage to teeth

As explained on The Robbie Anderson Cancer Trust website:

Recent study published in the May/June 2012 issue of General Dentistry, the peer-reviewed clinical journal of the Academy of General Dentistry, found that an energy drink, the peer-reviewed clinical journal of the Academy of General Dentistry, found that an energy drink, was doing - playing games and watching Christmas films with their families, something many of us can take for granted.

A recent study published in the May/June 2012 issue of General Dentistry, the peer-reviewed clinical journal of the Academy of General Dentistry, found that an alarming increase in the consumption of sports and energy drinks, especially among adolescents, is causing irreversible damage to teeth - specifically, the high acidity levels in the drinks erode tooth enamel.

“Young adults consume these drinks assuming that they will improve their sports performance and energy levels and that they are ‘better’ for them than soda,” said Poonam Jain, BDS, MS, MPH, lead author of the study. “Most of these patients are shocked to learn that these drinks are essentially bathing their teeth with acid.”

Researchers examined the acidity levels in 15 sports drinks and nine energy drinks. They found that the acidity levels can vary between brands of beverages and flavours of the same brand. To test the effect of the acidity levels, the researchers immersed artificial enamel samples of human tooth enamel in each beverage for 15 minutes, followed by immersion in artificial saliva for two hours. This cycle was repeated four times a day for five days, and the samples were stored in fresh artificial saliva at all other times.

“This type of testing simulates the same exposure that a large proportion of American teens and young adults are subjecting their teeth to on a regular basis when they drink one of these beverages every few hours,” said Dr Jain.

The researchers found that damage to enamel was evident after only five days of exposure to sports or energy drinks, although energy drinks showed a significantly greater potential to damage teeth than sports drinks. In fact, the authors found that energy drinks cause twice as much damage to teeth as sports drinks.

One of the researchers, Dr Bone, recommends that her patients minimise their intake of sports and energy drinks. She also advises them to chew sugar-free gum or rinse the mouth with water following consumption of the drinks. “Both tactics increase saliva flow, which naturally helps to return the acidity levels in the mouth to normal,” she said.

Also, patients should wait at least an hour to brush their teeth after consuming sports and energy drinks. Otherwise, says Dr Bone, they will be spreading acid onto the tooth surfaces, increasing the erosive action.

Source: www.agd.org

iNSkills – a pathway to a brighter future

A s unemployment of the under 26s surpasses the 1m mark, Neil Sikka, of Barberian Dental Care, has created an initiative that will provide training and real job prospects.

Working in conjunction with Tower Hamlets, the local college and other practices in the City and Canary Wharf, Neil’s iNSkills initiative will provide disadvantaged youth of Tower Hamlets and Newham the opportunity to learn and work within the dental world. After an 18-month period, candidates will graduate with an NVQ Level 5 qualification in Dental Nursing.

Neil Sikka states: “Within the Square Mile there are some of the most successful businesses and the richest people. But just outside, is Tower Hamlets and Newham, the poorest borough in the capital. We wanted to create a scheme where we could offer people the chance of training, work and, more importantly, career development.

In the pilot scheme, launched in January 2012, trainees will be recruited from the borough of Tower Hamlets. Depending on the success of the initiative, it could go national.

Tower Hamlet Council’s Skillsmatch – the outreach team with established links in the community - will be responsible for sourcing, screening and mentor- ing the trainees throughout the duration of the course. Tower Hamlets College will provide the training on a day-release basis and students will gain work experience and valuable on-the-job training in selected for the other four days. Students will benefit from a mentor- ing scheme to ensure their performance is maintained.

Neil has been responsible for recruiting other practices to the scheme. The Dental Surgery in the Corn Exchange and Smile Im- plant & Cosmetic Centre have both agreed to involved in the inaugural launch. Each practice will take on a minimum of two trainees and will provide a ‘earn as you learn’ element, where students will be paid for their working and college time.

Neil concludes: “We are very excited about iNSkills. Initial in- terviews are being arranged and candidates are on their way. We are very commit- ted to recruiting, developing and empowering our students and we are confident that iNSkills will be a success.”

Leaflet and poster on NHS dental services and charges now available

Details of NHS den- tal services and new charges are outlined in a new leaflet and poster. The leaflet describes how NHS dental services in England work, including how to find an NHS dentist, what treatment to expect and how much it will cost. The poster shows the charges to pay from April 2012 depending on the treatment needed.

The NHS dental services in England (540K) leaflet- includes information on:

• NHS dental charges
• How to find an NHS dentist
• How often to visit the dentist
• Dental appliances
• Urgent NHS dental treatment and care out of hours

The NHS dental charges from 1 April 2012 (640K) poster includes details of:

Charges for complete course of treatment
Charges for referral for a course of treatment
Treatments that are free
Where to find information on free dental treatment or help with health costs

The regime that shows plaque bacteria no mercy

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Communicating the value of a three-step daily prevention process – brush, floss and rinse – to patients in an effective manner will help to keep the message resonating between appointments, improving their commitment to better oral health.

Following mechanical cleaning with a mouthwash that will lower the bacterial burden in the mouth is an extremely important part of achieving the ultimate in oral care at home, and something that patients need to understand is their responsibility. You can help patients do this by promoting a partnership approach that clearly and concisely presents the benefits of combining daily prevention with regular hygiene appointments.

Brushing and flossing/interdental cleaning are pivotal to oral hygiene. They displace and dislodge plaque bacteria that can cause gingivitis and periodontal disease from the tooth surface. But bacteria from other areas of the mouth can recolonize on teeth quickly.¹

Using LISTERINE® after mechanical cleaning destroys bacteria effectively, killing up to 97% of them in vivo.²

This lowers the bacterial burden in the mouth and in plaque that reforms.³ And when used for six months, LISTERINE® can reduce plaque levels by up to 52% more than brushing and flossing alone.⁴

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References:
1. Barnett ML. JADA 2006; 137: 16S-21S.
2. Data on file, FCLGBP0023+28, McNeil PPC.

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¹As long as stocks last. Free samples can only be sent to dental practice addresses (no home addresses).
King’s hosts first conjoint in Orthodontics under the Royal College of Surgeons of Edinburgh

The previous winner of the Cheltenham Gold Cup, Champion Jockey, AP McCoy OBE joins Bridge2Aid as new patron

Patients in rural Uganda have potentially avoided extractions and kept more of their own teeth thanks to DENTSPLY glass ionomer materials. The company donated materials to the Teeth for Life project organised by DENTAID and Christian Relief Uganda.

The next visits to Uganda will be leaving on 1st June and 6th September. Any qualified staff wishing to volunteer to help – with partners attending as helpers – can find out more at www.dentaid.org

Donated materials save teeth in rural Uganda

CEO of DPA takes legal action over unfair dismissal

Weeds-based solicitors Cohen Cramer has been instructed by Derek Watson, former CEO of the Dental Professionals Association (DPA) in his unfair dismissal claim following the proposed transfer of DPA assets.

After taking independent legal advice on behalf of the members, Derek Watson advised the DPA’s Council that the transfer was unlawful, requiring a majority vote of DPA members. The proposed transfer went ahead and shortly afterwards, Derek was suspended for gross misconduct and subsequently dismissed despite having an exemplary employment record.

Derek Watson said “I am devastated, having worked for the DPA and its members for seven years, by Council’s decision to instantly dismiss me following my advice on their legal obligations regarding the transfer of DPA assets. I am still hoping for, and working towards, a positive solution for the Association and its members.”

Cohen Cramer, specialist lawyers to the dental profession, have submitted a claim to the Employment Tribunal.

“No employee should have to tolerate the kind of treatment described by Mr Watson. We are pursuing a number of claims with both the DPA and CODE to address this situation”, says Sarah Leyland, Head of Dental Employment Law.