Groupon offer ‘misled patients’

The Advertising Standards Agency (ASA) has upheld a series of complaints over an offer of dental treatment being ‘misleading’.

The offer, supplied by discount company Groupon, gave potential patients discounted Invisalign treatment at a Harley St dental clinic. The ASA received complaints that the offer was misleading in its wording, as the deal stated ‘£98 for £1650 towards Invisalign Teeth-Bracing Technology and Whitening. View now For £98,00 [sic] Discount 94 per cent Saving £1552,0 [sic]’. Underneath, below the heading “Highlights” text stated ‘£1650 discount on the full price (usually £3,500)” and text under the heading “Fine Print” stated “Holder must pay remaining balance”. The complainant challenged the wording, stating that once she had clicked through to the offer, she found there was a significant amount to pay in addition to the £98.

Despite Groupon’s claim that it believed that an average consumer would not be misled by the e-mail, because the significant conditions regarding price were included, the ASA upheld the complaint, stating it considered that it was not clear that a customer was simply buying a discount, albeit for more than they were paying, or that they would need to pay a significant additional amount in order to receive the advertised treatment.

We therefore concluded that, because the wording and nature of the offer was confusing and not made clearly to consumers, the e-mail was misleading.

Groupon was told that the email offer must not appear again in its current form, and that the company needed to ensure the nature of their offers are clearly made in future e-mails and that the advertised price is correct.

100,000 and counting

For the first time in its history, the General Dental Council (GDC), announced that it has more than 100,000 dental professionals on its registers.

As of 4 July 2011 the figure stood at 100,001.

Compulsory registration was introduced for dental nurses in 2008 and they now make up the biggest registrant group with more than 46,000 on the register.

The breakdown for registrant types is as follows:

- Dentist 58252
- Clinical Dental Technician 170
- Dental Hygienist 5900
- Dental Nurse 46793
- Dental Technican 7011
- Dental Therapist 1709
- Orthodontic Therapist 166

TOTAL 100001

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Editorial comment

Well what a furore! No, I’m not talking phone hacking, I’m talking about the recent opinion piece by Dr Martin Kelleher. The piece, published in the Faculty Dental Journal, emphasised Dr Kelleher’s position on the overuse of destructive treatments such as porcelain veneers.

What’s wrong with that, I hear you ask? Nothing. For me it was the ludicrous way in which the story was handled in national press, clearly angling for another ‘dentists rip you off’ story.

In a letter to the Metro (which funny they didn’t print), I questioned the decision to claim dentists are actually diagnosing patients with ‘porcelain deficiency disease’ or ‘hyperenamelosis’.

As a working journalist, I understand the mantra of ‘don’t let the truth get in the way of a good story’, but this kind of propaganda and agenda setting should not be standard practice, and frankly, as a journalist, it’s embarrassing.

Role of CDO questioned in parliament

In the wake of the resignation of the General Dental Council (GDC) Chair Alison Lockyer, questions have been asked in Parliament about the participation in the GDC of the Chief Dental Officer (CDO).

Natascha Engel MP (North East Derbyshire, Labour) is one of the most active MPs in asking dental questions in the House of Commons. Many of them are related to issues affecting the dental technician industry, however on this occasion she asked the Secretary of State for Health:

“What assessment he has made of the participation in the General Dental Council of the Chief Dental Officer” for England, Barry Cockcroft.

Minister of State for Health Simon Burns MP (Chelmsford, Conservative) replied: “Meetings of the General Dental Council are undertaken in public and the Chief Dental Officer attends meetings as an observer.

“There are clear benefits in ensuring an effective dialogue between the Chief Dental Officer as head of the dental profession and the regulatory body for dentists.

The Council for Healthcare Regulatory Excellence (CHRE), which oversees the work of the regulatory bodies including the General Dental Council, has been asked to consider what constitutes good practice in terms of the process of making appointments to and the governance of the health professions’ regulatory bodies. In light of CHRE’s work, we will consider whether the existing arrangements continue to be appropriate.”

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Research investment to tackle sepsis threat

The Technology Strategy Board and the Department of Health are to invest up to £7.5m in new research and development that aims to improve the future diagnosis, detection and management of sepsis, a life-threatening illness caused by the body overreacting to an infection.

The funding will be made available through two new collaborative R&D funding competitions. The first, Multi-pathogen detection and/or simple discrimination, opens on 50 August and will see government investment in R&D of up to £5m in collaborative R&D projects to develop point-of-care diagnostic tools to assist clinicians and health workers in the management of sepsis.

The second competition, Advancing biomarker use in sepsis management, opens on 26 September and up to £2.5m will be invested in collaborative R&D to advance the effective use of biomarkers in the management of the condition.

Commenting on the new competitions, Zahid Latiff, the Technology Strategy Board’s Head of Healthcare, said: “Sepsis causes around 60,000 deaths in the UK every year and costs the NHS about £2.5 billion annually. The risk of death from severe sepsis increases six to ten per cent every hour from the onset of septic shock to the start of effective treatment. There is universal agreement that there is a need for new and improved diagnostic tools to help clinicians in the management of sepsis. The products developed will help to reduce the economic burden, death and illness from sepsis and infectious diseases and create opportunities for British companies in the huge global market for diagnostic devices.”

A third funding competition, Assessing the impact of near-patient testing, will also open on 26 September. Managed through the SBRI programme, the competition will result in investment of up to £0.5m in projects to produce new diagnostic tools, products or capabilities to assist companies in the design and evaluation of diagnostic clinical trials.

Study shows OH generation game

A new 27-year research project suggests that mothers with poor oral health are likely to have children who also have poor oral health when they reach adulthood.

The long-term study, of over a thousand children born in New Zealand in 1972 and 1973, provides strong evidence that the children of mothers with poor oral health are more likely to grow up with above average levels of tooth loss, tooth decay and fillings. The findings strengthen the notion from previous research that adult oral health is affected by a combination of genetic and environmental factors.

The research, published in the Journal of Dental Research in May 2011, compared the oral health of the children at the age of five in 1978, and again at the age of 32. The findings were compared with the mother’s own self-rated oral health measured in 1978. Analysis 27 years later indicated that approaching half of children (45.1 per cent), whose mothers rated their oral health as ‘very poor’ had severe tooth decay. Around four in every ten children (39.6 per cent) experienced tooth loss in adulthood.

The research commented on the influence of environmental risk factors on oral health including social economic status (SES), attitudes, beliefs and oral health related knowledge persisting across generations, providing further evidence in how a mother’s view of her own oral health can affect that of her child.

The article can be found on the Journal of Dental Research website (http://jdr.sagepub.com/content/90/5/loc5)

Patients, it’s good to talk - DCS

The Dental Complaints Service (DCS) is encouraging patients to talk more to their dental professional when they reach adulthood.

The DCS helps dental patients and dental professionals in the UK resolve complaints about private dental services. They aim to do it fairly, efficiently, transparently and quickly by working with both parties.

Head of the DCS, Hazel Adams commented: “Patients should feel able to ask how much treatment will cost, when they will have to pay and what happens if they are unhappy with the results. The patient might also want to ask whether the work is guaranteed for a certain length of time and how long any particular course of treatment will take.

“We try to be imaginative and flexible in helping to resolve a complaint. But we always ask people to try to resolve things with their dental professional first. In my experience, the majority of complaints are caused by some form of breakdown in communication; if people can just keep talking to each other many situations can be avoided.”

To help people better understand the service and how to deal with problems when they arise, the DCS has produced a new leaflet Making a complaint about private dental care which is available through the GDC website at http://www. gdc-uk.org/Newsandpublica tions/Publications/Pages/defa ult.aspx

CPD review launched by GDC

The General Dental Council (GDC) has launched a review of its mandatory continuing professional development (CPD) scheme.

It will be considering the role CPD plays in helping registrants to stay up to date and to practise in accordance with its Standards; as well as exploring the most effective forms of CPD activity, and the best way of monitoring and administering it. A key aim is also to ensure that the CPD requirements are woven into a proportionate scheme of revalidation in due course.

The review process will include, among other steps, research and various forms of consultation with registrants and other stakeholders. A public consultation on any future proposals is planned for early 2012.

The GDC is keen to hear comments from registrants, CPD providers and other stakeholders about their CPD experiences. More information about the review can be found at www.gdc-uk.org, including how to respond to an open call for views. Any general comments can be emailed to CPDReview@gdc-uk.org

Erythra Gilvarry, Chief Executive and Registrar said: “A key aim is to ensure that our CPD requirements support registrants in meeting our Standards. We are therefore very keen to hear from registrants and other stakeholders about their CPD experiences and how the scheme might be improved.”

All registrants are reminded that the GDC’s current CPD requirements remain in force.
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NHS staff to lead NHS of the future

Health Secretary Andrew Lansley has announced plans to help all NHS staff lead the service to become truly world class.

Speaking at ‘Change through Leadership,’ the Health Secretary revealed plans for a new national Leadership Academy. This means for the first time all NHS staff will have access to the same opportunities for developing their leadership skills, putting nurses, doctors and other clinicians on an equal footing with non-clinical managers.

Developing clinical leadership is crucial in giving frontline staff the skills they need to take advantage of their role in taking the driving seat in shaping a modern NHS for the future. The Academy will give doctors, nurses and other NHS carers the skills they need to transform the NHS into a genuinely patient-centred service, in which different services work together to provide integrated care.

Health Secretary Andrew Lansley said: “I was lucky enough to be born into a society with a National Health Service and I am committed to ensuring that it is protected for generations to come. Both as a patient and as Health Secretary I have seen the passion and dedication of staff across the NHS. I would like to join everyone else today in thanking them for their hard work as we celebrate the 63rd birthday of our National Health Service.

“It is this passion and dedication of NHS staff which we want to embrace and support through the NHS Leadership Academy. In Cambridge we have already seen huge improvements for people with diabetes thanks to frontline staff taking the lead and helping people manage their condition. By establishing the Leadership Academy today I want to help all doctors and nurses develop the leadership skills they need to drive a truly world-class NHS.

“Frontline NHS staff have shown they can work smarter, be more responsive and give patients better health outcomes. The challenge now is to make this the rule, not the exception.”

Archaeologists have discovered one of the victims of a suspected mass Viking burial pit found in Dorset had grooves filed into his two front teeth. Experts believe a collection of bones and decapitated heads, unearthed during the creation of the Weymouth Relief Road, belong to young Viking warriors.

During analysis, a pair of front teeth was found to have distinct incisions.

Archaeologists think it may have been designed to frighten opponents or show status as a great fighter. Oxford Archaeology project manager David Score said: “It’s difficult to say how painful the process of filing teeth may have been, but it wouldn’t have been a pleasant experience.

“The incisions have been very carefully made and it is most likely that they were filed by a skilled craftsman. The purpose behind filled teeth remains unclear but, as we know these men were warriors, it may have been to frighten opponents in battle or to show their status as a great fighter.”

Dorset County Council senior archaeologist Steve Wallis said radio-carbon-dating showed they come from about AD970 to 1025.

Mr Wallis said those dates fell within the period of Viking raids on the Anglo Saxons in the UK, and isotope analysis of teeth found in a severed jaw suggests they were from the Nordic countries. He added: “It’s great that the burial pit on Ridgeway is still surprising us and teaching us more about who these men may have been and what they may have been like.

“It is very rare that this kind of deliberate dental modification is found in European remains, although it is often found in cultures from around the world, so that it was found in an excavation in Dorset is fantastic.”

Go-go-go karting!

Round fifty members of the dental trade gathered at the renowned Birmingham Wheels Karting Centre for an unforgettable and exhilarating racing experience. The event, organised by the British Dental Trade Association (BDTA) NLIAH and in its third year, saw staff from companies such as BD, DT and A-Dec were also the winning team, with Takara Belmont in second and Septodont in third.

Tony Reed, Executive Director at the BDTA commented: “The event has proved to be popular in previous years and is a great way to bring member companies together, get everyone together and make the day enjoyable for all.”

Mentoring strategy gains HR award

London Deanery’s Coaching and Mentoring programme has won the Healthcare People Management Association (HPMA) NLIAH award for best learning and development strategy.

The HPMA Awards recognise outstanding contributions to human resource management, and the tangible difference to patient care. London Deanery developed and implemented a strategy to provide access to coaches/mentors for doctors and dentists working in the NHS in London.

Since the scheme was launched, more than 800 trainees, newly qualified consultants, GPs and SASs have accessed the service; 550 clinicians have been trained in coaching and mentoring skills, and more than 40 mentors are undertaking a certificate or diploma in executive coaching and leadership mentoring.

Evaluation of the service has confirmed that mentors were highly satisfied with the quality of training and supervision they had received and reported benefits to their own behaviours, including patient care, as a result of the experience.

In response to the award, Tim Swanwick (Dean of Professional Development) said “This is justly deserved recognition for the inspiring work of Rebecca Viney and her team. In the last few years there have been so many national reports and policy documents recommending coaching and mentoring, it has been fantastic to have been part of an initiative that is actually doing something about it.”

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Anaphylaxis guidelines published

NICE has published a draft guideline on the initial assessment and referral following emergency treatment for a suspected anaphylactic episode or a severe allergic reaction.

An anaphylactic episode is an allergic response that is a severe, generalised or systemic hypersensitivity reaction that can lead to potentially life-threatening airway, breathing and/or circulation problems. Foods, such as peanuts, nuts, eggs, shellfish, milk, fish, and some seeds such as sesame, are a particularly common cause of anaphylactic reaction, especially in children. Non-food causes include wasp or bee stings, natural latex (rubber), pencil-lin or any other drug or injection. Medicinal products are much more common triggers of anaphylactic reaction in other people. A significant proportion of anaphylaxis is classified as idiopathic, in which there are significant clinical effects but no known cause.

Because of inconsistencies in reporting anaphylaxis, and because it is often misdiagnosed, the frequency of anaphylaxis from all causes in the UK. However, available UK estimates suggest that approximately 1 in 1,553 of the population of England has experienced anaphylaxis at some point in their lives. What is clear is that there has been a dramatic rise in the rate of hospital admissions for anaphylaxis. Between 1990 and 2004 they increased from 0.5 admissions per 100,000 to 3.6 per 100,000 - an increase of 700 per cent - resulting in approximately 20 deaths each year in the UK (although this may be a substantial underestimate). In addition, there is considerable geographical variation in both practice and service provision, specifically in assessment after the event to confirm an anaphylactic episode or on the decision to refer after emergency treatment.

Draft recommendations include:
- Record the circumstances immediately before the onset of the reaction to help to identify the possible trigger.
- All children given emergency treatment for a first suspected anaphylactic episode should be admitted to hospital under the care of a paediatric specialist team.
- Following emergency treatment, all patients who have been referred following a suspected anaphylactic episode (and, if appropriate their carer and/or family) should be given an adrenaline injector as an in-terim measure pending the referral appointment.
- Each primary care organisation and hospital should have a referral pathway for patients who have received emergency treatment for a suspected anaphylactic episode.

Dr Fergus Macbeth, Director of the Centre for Clinical Practice at NICE said: “Anaphylaxis is a very serious, potentially life-threatening reaction. Unfortunately, there is often a lack of understanding of the condition on the part of healthcare professionals both when making a diagnosis and of when or where to refer patients who have had a suspected anaphylaxis. This can affect the likelihood of the person receiving a definitive diagnosis, which can lead to anxiety, inappropriate management and recurrent episodes. It can also give rise to avoidable costs for the NHS and increase the need for acute care. This guideline, the first of its type from NICE, will help healthcare professionals who care for those who experience this extreme response. I would recommend all those who are registered as stakeholders in the development of this guideline to submit their comments via the NICE website."

More information can be found at www.nice.org.uk/guidance/index.jsp?action=folder&ko=55280

Aquafresh goes green!

G laxoSmithKline, makers of Aquafresh, have teamed up with upcycling company TerraCycle UK to launch the Aquafresh oral care Brigade, a recycling fundraiser which encourages schools to collect used toothbrushes and toothpaste tubes to be recycled and upcycled into everyday products.

For every product brought in for recycling, 2p will be donated to a charity of the school’s choice. The scheme teaches children about resource conservation, whilst reinforcing good dental hygiene through educational materials on brushing for kids.

The Aquafresh oral care Brigade is open to primary schools, and youth groups such as scout and guiding across the UK who can get involved by signing up at www.terracycle.co.uk. A major PR campaign – focusing on reductions in plastic, materials on brushing for kids, and responsible and by using familiar packaging like toothpaste tubes and toothbrushes, children can more easily understand the results of their actions.

“We are delighted to be able to work with TerraCycle as partner in this environmental fundraising campaign. We hope that schools and groups will engage with the scheme to really make a difference to their local environment and raise money for their school or local communities as well as helping to educate in children's oral health.”

Chris Baker, General Manager of TerraCycle UK commented: “TerraCycle is fully committed to engaging children in learning how to protect their environment and help their local communities in this time of austerity. With the support of a familiar brand like Aquafresh, we are confident that we can reach thousands of schools and make a difference both locally and globally.”

For more information about the TerraCycle scheme, got to www.terracycle.co.uk.

Edinburgh Dentist A My Face My Body Expert

A n Edinburgh cosmetic dentist is to provide expert cosmetic and beauty advice on the second series of lifestyle show MyFaceMyBody.

Dr Biju Krishnan, co-founder of Lubiju's cosmetic dental clinic, will appear on the TV show, offering advice to adults searching for the perfect smile, as well as providing expert opinion on some of the latest cosmetic dentistry treatments on the market.

The series launched with a special episode filmed at the Lubiju clinic, showcasing the treatments available at the clinic. One of these practices is NTI Splint treatment, which helps relieve the pain and discomfort caused by migraine, by combining a series of physiotherapy sessions with the traditional splint treatment to provide optimum results.

Dr Krishnan said: “At Lubiju we have some fantastic cosmetic dentistry treatments and the NTI splints are a perfect example of how we as a clinic are leading the way in creating new and innovative treatments.

“The treatment combination, which uses NTI splints to stop the teeth from grinding as well as physiotherapy to help open up and strengthen the facial muscles, is the first of its kind in the UK and we are delighted to have been given the opportunity to showcase it on MyFaceMyBody.

“The show is a great platform for UK clinics outside of the UK to show how they are helping shape the future of cosmetic dentistry and make the phobic stigma attached to dentistry a thing of the past.”

Rachel Deans, Group Brand Director for Aquafresh, said: “The scheme provides a perfect fit for the family friendly Aquafresh brand – which markets both adult and children's products – engaging primary school students (and their parents!) in a hands on way to get involved in protecting our planet by recycling and reusing. By encouraging good eco-habits at a young age, we can instil a lifelong drive to be more sustainable and responsible and by using familiar packaging like toothpaste tubes and toothbrushes, children can more easily understand the results of their actions.”

“Following emergency treatment, all patients who have been referred following a suspected anaphylactic episode (and, if appropriate their carer and/or family) should be given an adrenaline injector as an interim measure pending the referral appointment.”

Chris Baker, General Manager of TerraCycle UK commented: “TerraCycle is fully committed to engaging children in learning how to protect their environment and help their local communities in this time of austerity. With the support of a familiar brand like Aquafresh, we are confident that we can reach thousands of schools and make a difference both locally and globally.”

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