It was World Oral Health Day 2011 on 12th September and the theme of this year’s event was ‘Noncommunicable diseases (NCDs)’, which are sometimes called chronic diseases.

The aim of the day was to increase awareness on oral health, including the impact that oral diseases can have on the body and a person’s general health. All around the world countries took part, with photo competitions and various events to raise public awareness. The day also brought an opportunity for schools to promote oral health to pupils of all ages.

Partners from public health associations, dental education and businesses also took part in the day, and announced the launch of the European Platform for Better Oral Health, which is intended to help improve oral healthcare and reduce the cost of oral diseases in Europe.

Further help was given to associations by the FDI, who launched the WHPA Action Toolkit.

The Action Toolkit, which is aimed at prevention and targets people with certain behaviours and health issues who do not consider themselves to be ill, has been described as a practical tool that nurses, pharmacists, physical therapists, dentists and physicians can use when communicating with patients and the public on NCDs.

The Toolkit includes:

- A Health Improvement Card
- A guide for professionals on using the Health Improvement Card and discussing its contents with patients and public
- A guide to the Health Improvement Card for patients and public
- Cover “Together making a difference against NCDs”


The Toolkit targets people with certain behaviours and health issues who do not consider themselves to be ill.

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Smiling for charity

Smile Star, a charity running dental camps and hospitals in India, Uganda and Kenya, are holding a Charity Ball on Friday 4th November to raise funds to send a team of dentists out to Kenya in April 2012.

Since it started the charity has been treating local people suffering from cataracts, and provides a dental ‘camp’, offering dental treatment to those people who would not normally have access to such treatment.

The charity was set up by Dr Mitesh Badiani, with the aim of supporting rural villagers in India, Kenya and Uganda by providing desperately needed hospital and dental care; they also works alongside the C-Group providing free dental care to medically Discharged Royal Marines.

In the summer of 2010 and Easter 2011 the charity sent a team of dentists and support staff, and they are hoping to raise enough funds to send another team out to Kenya in April 2012.

To raise funds for the 2012 trip, Smile Star are holding a Charity Ball on Friday 4th November; they are looking for auction items or sponsorship to raise enough money to buy equipment and materials. No matter how big or small it all helps.

The ball is being held At the Palace Hotel, Torquay, Devon and any support or donations will be greatly appreciated.

Tickets are available from Emily Rundle on 01364 655142, or email emily.r.mpc@gmail.com.


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Lifetime blood donation ban to be lifted

The lifetime ban on blood donation by men who have had sex with men is to be lifted following an evidence-based review by the Advisory Committee on the Safety of Blood, Tissues and Organs (SallTO).

The recommendation, which has been accepted by the health ministers in England, Scotland and Wales, means men whose last sexual contact with another man was more than 12 months ago will be able to donate, if they meet the other donor selection criteria. Men who have had anal or oral sex with another man in the past 12 months, with or without a condom, will still not be eligible to donate blood.

The change will be implemented by NHS Blood and Transplant's Commercial, dentists' have an improvement in their profit margins, they are the most positive of the primary healthcare respondents overall.

The findings of the report also included that:
• Dentists are responsible for the only positive figure in the index research; plus 12 say that they have a positive outlook in the short term (gauged over 12 months). This figure is reflective of the significant contractual changes that the profession has already experienced, especially those that have already opted out of the NHS.
• In contrast however, dentists' collective long term confidence (gauged over five years) falls significantly to minus 64. This is the greatest shift in confidence of the three sectors.
• Overall confidence in the future of the dentistry sector reflects concern around finances and growing competition; 85 per cent of dentists are expecting further financial pressures over the next five years and 91 per cent anticipate increased competition in the market place over the same period.
• Nearly half (45 per cent) of dentists expect to see an increase in profits over the next twelve months, with 55 per cent expecting profits to remain flat.
• 41 per cent of dentists have experienced claw-back in the last twelve months for NHS underperformance.

The Community Dental Service's mobile unit and home visiting service to patients living in residential care are both unaffected.
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BADN decides not to proceed with conference

The current difficult economic climate, and the fact that few dental nurses are able to obtain funding from their employers, has caused BADN to reluctantly decide not to proceed with the 2011 National Dental Nursing Conference, which was to be held in Glasgow in November.

“Although we have been able to keep the cost of Conference the same since 2009, there is even less funding available for dental nurses to attend Conference” said outgoing President Sue Bruckel.

“The cost to delegates of £120 for the two day Conference is already considerably less than the actual cost, which is closer to £5-400 per person, at a conservative estimate. We manage to keep the cost down to just £120 through sponsorship from dental trade companies, by speakers waiving their usual fees, and because our staff organise the Conference in house and give up their weekend to actually run it. BADN receives no official funding; unlike Deaneries, for example, or NES, who can therefore put on events with only a nominal fee to delegates, we have to fund Conference through sponsorship and delegates’ fees.

“The majority of General Practice dental nurses have always had to pay themselves to attend Conference; and often have to take annual leave to attend as employers will not allow study leave or contribute towards the cost of their dental nurses fulfilling their CPD requirements. Traditionally, there has always been a strong core of dental nurses from other sectors of dentistry attending Conference, because employers such as PCTs or Deaneries have provided partial funding. However, this year, even that funding has been severely curtailed or even withdrawn. This, together with the GDCs outrageous demand for £120 registration fee for every dental nurse, means that very few dental nurses are able to afford Conference. We have therefore had to make this very difficult decision.”

The Presidential Inauguration of incoming President Nicola Doeherty and the BADN AGM will now be held on Saturday 22nd October at Dental Showcase, courtesy of the BDTA. There will also be a buffet lunch, sponsored by Phillips Sonicare. Dental nurses wishing to attend the inauguration and lunch, and current BADN members wishing to attend the AGM, should contact Katie Ball at Katie@badn.org.uk.

BADN will be reviewing their Conference strategy later this year and hope to run an updated, more compact 2012 Conference.

The public reveals its thirst for knowledge

A n analysis of more than 150,000 enquiries from the public over the past five years reveals which dental issues are most important to the public.

The British Dental Health Foundation has been providing an independent and impartial dental helpline since 1997. New data released by the Foundation reveals the top five most common enquiries from the public and some of the trends over the past five years.

In 2006, five issues accounted for well over half of all enquiries (58 per cent). These included NHS Regulations (15 per cent), Dental Charges (13 per cent), Finding a Dentist (11 per cent), Prosthetics (11 per cent) and Complaints (8 per cent).

In 2011, the same five issues accounted for 44 per cent of all enquiries, 14 per cent lower compared to five years ago. Implants, crowns and bridges and other removable appliances now top the list with around one in seven (13 per cent) of all enquiries. The greatest changes concern the NHS, with significantly lower enquiries relating to dental charges (8 per cent), NHS Regulations (4 per cent) and Finding a Dentist (5 per cent). Increasingly important issues to the public include seeking advice on oral hygiene (7 per cent) and legal and professional conduct issues (6 per cent).

Sharon Broom, the Foundation’s Director of Operations, said:

“I am of course very disappointed that Conference cannot go ahead in my home town of Glasgow” said Nicola “but appreciate that we are in very difficult times financially. I should like to thank both the BDTA and Phillips Sonicare for their generous sponsorship of the Presidential Inauguration and the AGM, and look forward to speaking with as many dental nurses as possible at Showcase.”

“Overall, the public has remained fairly consistent with its information needs over the past five years. We are pleased that the number of calls regarding oral hygiene is increasing. A greater awareness of consumer rights in all aspects of everyday life is also spreading into dentistry, with more and more callers seeking information on legal issues.”

“The Foundation’s Dental Helpline is staffed by qualified dental nurses and costs, on average, £9 per call. It continues to be funded entirely by charitable donations and we hope the dental profession and trade continue to support this unique and important part of patient communication.”

Bold approach puts workers at heart

Manchester’s The Lowry will play fitting host to the latest in an exciting series of CPD events created by Baxi Partnership Healthcare.

Speakers Dr Simon Gallier, John Grant and Pat Langley will focus on offering dentists new ideas to help tackle the challenges of practice ownership, including the latest guidance and advice on dental law and regulatory compliance, as well as exploring a completely new business model for dentistry.

The lectures are free, and food will be served; and delegates will be awarded 1.5 hours’ CPD. The next two venues are: Manchester (4th Oct) The Lowry, 5.50pm registration for a 6pm start; Leeds (5th Oct) De Vere Village Hotel, 6pm registration for a 6.30pm start.

If you cannot attend any of these dates but are interested in learning more about the employer ownership model, please contact Simon Gallier directly at simon.gallier@baxipartnership.co.uk or visit www.baxipartnershiphealthcare.co.uk to find out more.
The following statement was published by the Department of Health (DH); email us to let us know what you think.

MYTH: The Health Secretary will wash his hands of the NHS
The Bill does not change the Secretary of State’s duty to promote a comprehensive health service.

MYTH: Bureaucracy will increase significantly
We are abolishing needless bureaucracy, and our plans will save one third of all administration costs during this Parliament.

MYTH: You are introducing competition in the NHS
Competition will not be pursued as an end in itself. We have said that competition will be used to drive up quality, and not be based on price. Nor will we allow competition to be a barrier to collaboration and integration.

MYTH: You are privatising the NHS
Claims that we aim to privatisethe NHS amount to nothing more than ludicrous scaremongering. We have made it crystal clear, time and again, that we will never, ever, privatise the NHS.

MYTH: Private patients will take priority over other patients
The NHS will always be available to all, free at the point of use and based on need and not the ability to pay. Nothing in our proposals will enable private patients to “leapfrog” to the front of NHS waiting lists.

MYTH: NHS hospitals will be managed by foreign companies
Even if independent sector management is used, NHS assets will continue to be wholly owned by the NHS. And there would be rigorous checks to ensure that any such independent provider is reputable and fit for purpose.

MYTH: The Bill hasn’t had proper scrutiny
The Bill has so far spent longer being scrutinised than any Public Bill between 1997 and 2010 – 40 Committee sittings, and over 100 hours of debate. Even Opposition MPs acknowledged that every inch of the Bill has been looked at.

MYTH: The NHS doesn’t need to change
The NHS does need to change to meet future challenges of an ageing population and rising costs of treatment. The independent NHS Future Forum confirmed the NHS must change to safeguard it for the future.

MYTH: You are introducing EU competition law in the NHS
The Bill does not change current UK or EU competition legislation or procurement legislation or the areas to which they apply.

MYTH: These plans were not in the Coalition Agreement
The Coalition Agreement clearly said doctors, nurses and health professionals will be handed freedom to decide what is right for their patients; that we will establish an independent NHS board; that patients will be in charge over their care; and that we will cut the cost of NHS administration by a third to reinvest into the front line.

DT
• Email lisa@dentaltribuneuk.com with your thoughts on the statement.

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