It was World Oral Health Day 2011 on 12th September and the theme of this year’s event was ‘Noncommunica-
table 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.

The platform’s website www.oralhealthplatform.eu was launched by the platform’s members, including the European Association of Dental Public Health, the Association for Dental Education in Europe, Wrigley Oral Healthcare Programs, GlaxoSmithKline Consumer Healthcare and the Council of European Chief Dental Officers.

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, pharma-
cists, physical therapists, dentists and physicians can use when communicating with pa-
tients 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 con-
tents with patients and public
- A guide to the Health Improvement Card for patients and public
- Cover “Together making a dif-
ference against NCDs”

For more information on the toolkit, please click here, http://www.fdiworldental.org/ content/fdi-produces-media-kit-world-oral-health-day-2011#choice.of.theme.

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

This week I want to tell you about something important that is happening in the background as we speak – the creation of an editorial board for DTUK and its portfolio of specialist titles (Cosmetic Dentistry, Implants and Roots).

Whilst not unique, the creation of the editorial board marks an important step in DTUK’s evolution. To maintain the quality of the articles and clinical studies we provide, the time has come to enlist the support of clinicians, dental professionals and those close to the sector.

This does not mean that I don’t want to hear from readers who want to submit articles; in fact I want to hear from more of you! Email me Lisa@dentaltribuneuk.com with your article suggestions.

Look out in the next issue for a list of Editorial Board members.

Just a quick note about the rugby as I write this after the first weekend; England were unsurprisingly nervy, boys please don’t make us sit through a performance like that again!! Roll on Georgia...
Feedback saves dental clinic

Plans to close Leighton Buzzard’s community dental clinic on Bassett Road have been dropped by NHS Bedfordshire thanks to a group of patients.

The announcement came after proposals for a modern, high-quality community dental service across Bedfordshire were agreed on in Tru보드. Currently, Community Dental Services (CDS) has 13 clinics across Bedfordshire and Luton. Although the clinics contain specialist equipment, have the services to treat patients with special care needs, and provide access for those with mobility issues, a number of the clinics only run part time.

Furthermore, the buildings in which the clinics are held no longer meet new standards.

Originally it was planned that five clinics would be closed to ensure that CDS could deliver a more efficient service. NHS Bedfordshire wrote to those patients that would be affected and when they learnt that the clinic at Leighton Buzzard would be closed they stated in their feedback the difficulty they would face with regards to travel. As a result, the proposed closure of the Leighton Buzzard clinic was dropped.

Tony Medwell, NHS Bedfordshire’s Head of Primary Care Commissioning, was quoted in the www.leightonbuzzaardonline.co.uk saying: “These changes across Bedfordshire will enable CDS to provide the same full range of high quality services for the same number of patients in a far more efficient way. That is essential at a time when the NHS has to get the best possible value for the taxpayers’ money.”

“However, following feedback from patients using the Leighton Buzzard clinic, it was clear that it would have been more difficult for them to travel to the nearest clinic compared to patients using clinics in other parts of Bedfordshire.

“This feedback has been invaluable in helping us to develop proposals to ensure we have clinics spread across Bedfordshire and Luton which continue to offer good access for patients.”

The Community Dental Service's mobile unit and home visiting service to patients living in residential care are both unaffected.
R4 Practice Management Software GIVES YOU MORE

STERITRAK - tracks your instruments through the sterilisation process

Track your trays of instruments through the cleaning and sterilisation process so that you can prove compliance with CQC outcome 8.

Easy to learn straight out of the box with minimal set up, Steritrak provides immediate access to reports showing the cleaning and sterilisation history of each tray of instruments as well as the tray history for each machine in the practice.

With R4 you will also be able to record which trays of instruments have been used on each patient for each appointment, even if multiple trays were used. Standard reports within R4 will show which patients a specific tray has been used on within a specified period of time, as well as the tray history for a specific patient.

Steritrak is another solution from Carestream which helps you achieve full CQC compliance and gets rid of the need for multiple paper log books and the pressures of ensuring information is updated regularly and kept secure.

FEATURES OF R4
- R4 Mobile
- Direct link to PIN pad
- Patient Check-in Kiosk
- Care Pathways
- Communicator
- Steritrak
- e-forms
- Patient Journey
- On-line Appointment Booking
- Text Message and Email reminders
- Clinical Notes
- Appointment Book
- Digital X-Ray
- Managed Service
- Practice Accounts

For more information or to place an order please call 0800 169 9692
email sales.uk.csd@carestream.com
or visit www.carestreamdental.co.uk

Carestream Dental © Carestream Dental Ltd., 2011.
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 Bruckner. “The cost to delegates of £120 for the two day Conference is already considerably less than the actual cost, which is closer to £3-400 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 GDC’s 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 Docherty 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 from the public (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:

“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, 5.30pm 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 event, please contact Simon Gallier directly at simon.gallier@baxipartnershiphealthcare.co.uk to find out more.
Myth buster - DH strikes back

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 privatise the 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.

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