Government launches consultation on local fluoride consultations

Consultation to focus solely on process; not pros and cons

Water fluoridation hits the headlines again as the government launches a consultation on the consultation process for fluoridation schemes in the UK.

Public Health Minister Anne Milton launched the consultation, which is exclusively on the process by which local authorities carry out consultations and decision-making on new and existing fluoridation proposals – not on the pros or cons of fluoridation itself.

These changes are prompted by the abolition of Strategic Health Authorities, which currently carry out this role, and means local authorities will be given new responsibilities and powers to improve the health of their communities.

This will mean ensuring local people’s opinions on fluoridation are considered before decisions are made to adopt, change or end fluoridation programmes.

Public Health Minister Anne Milton said: “Decision-making on public health issues should be made at the local level where they understand what is needed and where the community’s voice can best be heard.

“We want to hear as many views as possible about how this process should work when local authorities get their new powers next year – I encourage everyone to take part.”

Strategic Health Authorities currently have the responsibility for considering changes to fluoridation in local areas, but this consultation is about how this power is taken over by local authorities.

It will seek views on a range of processes related to making local decisions including how public views are considered and how joint decisions are made in areas where water supply covers more than one local authority.

The consultation will be open for responses from 4 September to 27 November. Any person, business or organisation with an interest is encouraged to respond.

Link to consultation - http://consultations.dh.gov.uk

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Lansley out in radical cabinet reshuffle

In an unsurprising move, Health Secretary Andrew Lansley has been relegated to leader of the Commons in today’s Cabinet reshuffle. Lansley, who was the thinker behind the contentious reforms to the NHS has been replaced by former Culture Secretary Jeremy Hunt, who was described as a “strong reformer” by the Prime Minister.

Speaking outside No 10, Mr Hunt said he was “incredibly honoured” to take over as Health Secretary. “It is a huge task and the biggest privilege of my life,” he told the BBC. Hunt, a contemporary of Cameron’s and Boris Johnson’s at Oxford University, has had a difficult year. Following the backlash over his management of Rupert Murdoch’s bid for control of BSkyB, it was revealed that his aide was in close contact with the news corporation. Indeed, he was one of the few people allowed to be called a “fan” in parliament by the Speaker.

However, it seems Hunt is back in favour with the Prime Minister after Lansley was dropped by Cameron, supposedly over his failure to communicate his NHS reforms. A year after his ‘sack me or back me’ ultimatum to the Prime Minister, where he warned Cameron he would rather quit the Cabinet than abandon the controversial health reforms, Lansley has been radically demoted.

In March this year, Lansley had said about the reforms “Some people say we should go back to an NHS that is scaring people away. He added, “We have NHS dentists sitting on our hands would be stirring up a crisis for the future. Not reforming the NHS would be much easier for me as secretary of state to have taken. We could have just protected the NHS from cuts, put in an extra £12.5bn and left it there. But sooner or later the cracks would have started to show. New treatments would have been held back. Queues would have grown. Patients would have been let down,” he adds.

However, the Shadow Health Secretary Andy Burnham had countered this, arguing, “The government said: “We have NHS dentists available, but in a lot of cases the charges are ridiculous. It’s £17.50 for a check-up, £48 for a filling and £206 for root canal treatment, so it’s no wonder that people are going up and down with no teeth. It’s a choice between putting food on the table or going to the dentists. “It has become endemic over the past 10 years or so, that people don’t want to go, even though sometimes these specialists can spot something that might save your life.

“We need to get adver -tisements out showing the places that are available at sur- geries.”

Just over half of people registered with dentist as revealed in new survey

In a new survey carried out by the Blackburn with Dars- wen Local Involvement Net- work, it has been revealed that only 56 per cent of respondents in Darwen are registered with a dentist. This shocking statistic is teamed with the fact that on average, children in this area have more than two rotten teeth by the age of five.

A new Stop the Rot campaign has since been set up to hinder this worrying trend. The Pri- mary Care Trust for the region is encouraging people to go to the dentist by working hard to ensure that there are no waiting lists for dental patients wanting to go to an NHS dentist. A new health and wellbeing centre in the area has created a further 2,500 places.

However, Darwen councillor Roy Davis, who is also the vice-chairman of the health scrutiny committee said it is the high prices of dental treatment, and the lack of information available about NHS treatments that is scaring people away. He said: “We have NHS dentists available, but in a lot of cases the charges are ridiculous. Our study shows that dental patients particularly pleased that ‘this market needs to be simplified in the complaints tract in England’.

The government went on to agree with the OFT’s beliefs that patients’ capacities to make a complaint about their treatment should be as simple as possible. With this in mind the government are changing their patient leaflet by updating any information about the complaints procedure and ‘the opportunity to give feedback on practices on NHS Choices.’ The government also want to consider whether there can be any synergy created between the current private and NHS complaints systems.

The OFT recommended that the government developed a new system for the sale of private den- tal plans. As a result of the report, the government are looking into setting up a code of practice to avoid the miss-selling, or pressurised sale of a private dental plan; in particular the response has highlighted that there should be clear penalties for dentists who do mislead patients.

The government surmises that although there is some action needed to be taken, particularly with regards to direct access. The government will look into designing new dental contracts, and increasing transparency for dental patients, however, on the whole, the government concluded that ‘the vast majority of patients are happy with their dental treatment and that the majority of dentists behave ethically.’

Government response to OFT

There has been report pub- lished as a response by the government to the recent study by the Office of Fair Trad- ing’s market study of the private and NHS dental markets in May 2012. The study was prompted by complaints to Consumer Direct and the OFT concerns patients’ ability to directly access dental care professionals. The purpose of this study was to examine whether the UK dentistry market is working well for patients. The issues were considered within the context of both NHS and private dentistry.

The OFT gave five recommen- dations to address its concerns:

- Provision of clear, accurate and timely information for patients
- Direct patient access to dental care professionals
- Reform of the NHS dental con- tract in England
- Simplification of the complaints process
- Development of a code of prac- tice for sale of private dental plans

The government response begs the question: is there any change from the recent report, and were par- ticularly pleased that ‘this market study shows that dental patients have a high level of satisfaction with the services provided by their dentist’. The government agreed with the OFT report with regrets to patient care, claiming that there needs to be ‘provision of clear, accurate and timely infor- mation for patients’, particularly with regards to prices and dental treatments. The report goes on to share the concerns of the OFT that some dentists have been de- nying their patients treatment on the NHS by not providing enough information. The government warned such dentists that not per- mission and any dentist ‘doing so deliberately is in breach of their NHS contract.’ As a result of the report the Department of Health are attempting to improve their transparency, particularly on their website, including new ‘new pages which clearly explain NHS dental charges and exemptions, and inform patients how to get help with NHS dental costs.’

The government agreed that patients should be able to see the ‘right dental professional when they need to’, although they admit that ‘this needs to be in a managed and clinically appropriate envi- ronment.’

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Foundation Trio Give Miles of Smiles for Mouth Cancer Walk

Three employees of the British Dental Health Foundation are planning on embarking on a ten kilometer aware- ness Walk for a mouth cancer charity. David Arnold, 29, David Westgarth, 27 from Rugby and Doychin Satu- ton, 22, who lives in Coventry are taking part in the walk on 22nd September in Hyde Park in London to raise hun- dreds of pounds for research into mouth cancer.

David Arnold, Senior PR and Press Officer at the Foundation is hoping that the walk will get more people talking about the disease and also help to raise awareness about the risks and different symptoms of mouth cancer.

David said: “Events such as the Mouth Cancer Aware- ness Walk, along with annual campaigns such as November’s Mouth Cancer Action Month, re- ally do the job in tackling this hidden problem and place it in the spot- light.

“By taking positive action in similar fashion to recent breast and testicular cancer campaigns, we can put mouth cancer firmly in the news agenda. In highlight- ing key risk factors and symp- toms, along with information about self-examination and oral screenings we can potentially save thousands of lives.

“The five-year survival rate of mouth cancer patients is just 56 per cent. But early diagno- sis gives patients a 90 per cent chance of survival.”

If you would like to sponsor any members of the British Den- tal Health Foundation on their Mouth Cancer 10km Awareness Walk, please contact them by tel- ephone on 01788 559 792 or by email at pr@dentalhealth.org.
Editorial comment

It has been a very tumultuous time in the political sphere for dentistry. As the Cabinet waves goodbye to Andrew Lansley as Health Minister, it says hello to Jeremy Hunt.

In addition, there are the various consultations around dentistry including looking at the process of fluoridation scheme planning, views on the CQC (that should be a good one!) and the continuing piloting process.

Traditionally the last quarter of the year is busy not just politically but in terms of conferences and other events. I’m sure that many a glass of enamel-friendly wine will be consumed as the issues around the profession are debated. Please join in the process – not only by adding your voice to the consultations but by letting Dental Tribune know what you think! Email me at lisa@dentaltribuneuk.com.

Fact sheet

The General Dental Council (GDC) has produced a new fact sheet for patients across the UK to help them understand what responsibility their dental professional has to make sure their indemnity or insurance is up to date, ensuring that patients’ rights are upheld.

Indemnity and insurance is a way for dental professionals to ensure patients have a way to claim compensation if something goes wrong with the treatment they’re having.

The new fact sheet guides patients through what is expected of their dental professional as well as what to do if something goes wrong. The guideline asks questions such as what should I ask my dental professional and what happens if something goes wrong?

Chief Executive of the GDC, Evlynne Gilvarry said: “We are working to increase the current, substantial protections for patients, by seeking powers to require proof of insurance or indemnity as a condition of being registered to practise as a dental or dental care professional. We expect to have these powers by October 2013.”

The GDC can stop dental professionals working in the UK if they are found not to have indemnity or insurance and the new powers being sought will mean dental professionals not only have to have insurance before they can practise but declare they have it every year after that.

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Evlynne Gilvarry
Coconut oil could help the fight against tooth decay

The natural antibiotics in digested coconut oil have been found to attack the Streptococcus mutans bacteria which cause dental caries. Scientists at the Dublin based Athlone Institute of Technology (AIT) say that coconut oil could be added to commercial dental products as a marketable antimicrobial. The AIT team tested the antibacterial abilities of the oil in both its natural state and once it had been treated with enzymes hampering the growth of the common bacteria vastly.

Previous research had shown that other enzyme-treated foodstuffs, including milk, had inhibited the growth of the Streptococcus bacteria, leading to scientists investigating what other foods might be similarly affected. Further research is now planned into looking at how coconut oil reacts with the Streptococcus bacteria at a molecular level. Scientists aim to discover what other types of bacteria and yeasts the oil affects the testing group at AIT found that enzyme-modified coconut oil was detrimental to Candida albicans, a yeast known to cause thrush.

This ground-breaking discovery could greatly aid the dental hygiene world. Dr Damien Brady, who led researchers at AIT’s Bioscience Research Institute said "Dental caries is a common overlooked health problem affecting 60-90% of children and the majority of adults in industrialised countries. Incorporating enzyme-modified coconut oil into dental hygiene products would be an attractive alternative to chemical additives, particularly as it works at relatively low concentrations. Also, with increasing antibiotic resistance, it is important that we turn our attention to new ways to combat microbrial infection."

The work also adds to our knowledge of antimicrobial activity in the gut. "Our data suggests that products of human digestion show antimicrobial activity. This could have implications for how bacteria colonize the cells lining the digestive tract and for overall gut health," explained Dr Brady.

“Our research has shown that digested milk protein not only reduced the adherence of harmful bacteria to human intestinal cells but also prevented some of them from gaining entrance into the cell. We are currently researching whether this is due to the coconut oil or other enzyme-modified foodstuffs to identify how they interfere with the bacteria cause illness and disease," he said.

The researchers in AIT’s Bioscience Research Institute are presenting their work at the Society for General Microbiology’s autumn conference at the University of Warwick.

Dental workers’ charity trek

A Durham based dental practice team completed a 26km walk along the historic Hadrian’s Wall to raise thousands of pounds for Help for Heroes.

The team at Durham City Smiles finished the achievement, and managed to raise an impressive £1,500 for the military charity. Help for Heroes provides direct, practical support to wounded, injured and sick service personnel, veterans, and their families. The charity is important to dentists Graeme Denith and Stuart Cox, who both come from Royal Navy families.

Graeme Denith, principal dentist at the practice, said: “The trek along Hadrian’s Wall was really tough, but completing it and raising over £1,500 for Help for Heroes in the process is a fantastic achievement.”

“We’re very grateful to everyone who has supported and sponsored us - it really has made a huge difference.”

Graeme said the camaraderie of the team kept them going through the punishing condition.

“We set off at 10am from Walltown Quarry with a little apprehension of what was to follow, but we kept our spirits up as a team, even when our energy levels were flagging," he said.

“It was a real test of endurance for all of us, but there were lots of smiles and camaraderie, not to mention the stunning scenery which took us through the sweeping countryside along the Roman wall.

“We paused briefly at the Roman Fort of Housteads for lunch before our final descent to Chollerford where we enjoyed dinner and well-earned pint!”

The extra pains of mouth cancer

Being diagnosed with mouth cancer is a harrowing experience. Not only will the sufferer have to endure aggressive surgery, which often results in the loss of teeth and supporting structures, additional treatments such as radiotherapy and chemotherapy are common, and also have an unfortunate effect on a patient’s oral health.

People who have had treatment for mouth cancer unfortunately need further expensive dental treatment to restore their teeth which are damaged by the harsh cures for the disease, unlike sufferers of other types of cancers, who do not always have the same financial issues for follow up treatments.

A petition has been created by Dr Chetan Trivedy urging the government to review the current NHS dental charges by including an exemption category for patients who have had treatment for mouth cancer. As it stands, patients are able to claim their dental treatments on the NHS, a disparity Dr Trivedy wishes to highlight, stating “There is clearly a financial inequality for patients with mouth cancer to pay for the postoperative and reconstructive phase following their cancer treatment.”

Thousands of patients have been found to be claiming the NHS in Scotland. New information has shown that over 15,000 cases where dental patients have received free treatments they were not eligible for. Counter Fraud Services (CFS) investigators have obtained £538,000 back, however the problem has been found to be far greater than first realised.

It has been estimated that the Scottish NHS loses up to £10 million every year through fraud, including false claims for free treatments and staff dishonesties. The number of people who received free treatments they were not entitled to has vastly grown over the last three years.

In 2009-10, there were 4994 incidents detected and £152,000 recovered. In 2010-11, there were 5258 incidents detected and £175,000 recovered, and, in 2011-12 there were 5398 incidents detected and £211,000 recovered.

Patient fraud costs NHS £110m in Scotland
Smile-on and Tempdent understand the need for flexible learning to fit around the busy lifestyles of dental nurses and practices.

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The report was first recounted during the American Chemical Society annual meeting in Philadelphia.

The human body metabolizes the alcohol in beer, wine, and hard liquor into several substances, including acetaldehyde, a substance with a chemical backbone that resembles formaldehyde - a known human carcinogen, according to lead author Silvia Balbo, PhD, a research associate at the University of Minnesota.

“We now have the first evidence from living human volunteers that drinking after alcohol consumption damages DNA dramatically,” Balbo stated in a press release. “Acetaldehyde attaches to DNA in humans in a way that results in the formation of a ‘DNA adduct.’ It’s acetaldehyde that latches onto DNA and interferes with DNA activity in a way linked to an increased risk of cancer.”

To test the hypothesis that acetaldehyde causes DNA adducts to form in humans, Balbo and colleagues gave 10 volunteers increasing doses of vodka (comparable to one, two, and three drinks) once a week for three weeks. They found that levels of a key DNA adduct increased up to 100-fold in the subjects’ oral cells within hours after each dose, then declined about 24 hours later. Adduct levels in blood cells also rose.

“These findings tell us that alcohol, a lifestyle carcinogen, is metabolized into acetaldehyde in the mouth, and acetaldehyde is forming DNA adducts, which are known major players in carcinogenesis,” Balbo said.

A recent study conducted by the University of Athens has found that electronic cigarettes can still cause irreparable damage to the lungs, despite being promoted as a safer alternative to cigarettes. Researchers at the university conducted a study involving eight non-smokers and 24 smokers, 11 of whom had normal lung function, while 15 had asthma or chronic obstructive pulmonary disease (COPD).

Applicants used an electronic cigarette for ten minutes, after which their airway resistance was tested. The researchers found that the device caused an increase in airway resistance for around ten minutes in both non-smokers and smokers with normal lung function, but not in smokers with COPD or asthma, suggesting that electronic cigarettes, which work by delivering nicotine through a vapour, might still be damaging.

The findings were presented at the annual congress of the European Respiratory Society (ERS). “We found an immediate rise in airway resistance in our group of participants, which suggests e-cigarettes can cause immediate harm after smoking the device,” said author Prof Christina Gratzios, who chairs the ERS Tobacco Control Committee. She added: “More research is needed to understand whether this harm has lasting effects in the long term.”

Dentist sues patient over internet blogging

A dentist is suing a former patient after he blogged online what the dentist felt were unfair and defamatory comments. Dr Mo Salah, of Dental Dynamics in Portland, Oregon, was the subject of critical online blogging by Spencer Bailey, who said Bailey had been referred to a second dentist and was told he had cavities.

Scientists have known for 50 years about the links between drinking alcohol and certain types of cancer, however there is new research explaining the effect the beverage has on people.

Damage caused by electronic cigarettes

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Spray-on teeth

Spray-on teeth are being developed by scientists at King’s College London and Imperial College London.

The spray contains a type of calcium and helps repair damage to the teeth enamel and may help repair any exposed dentin.

The developers say the product blocks tiny tubes in the dentin, which can reduce sensitivity.

The spray is held a few millimetres from the teeth and projects a dry powder — the action of the powder hitting the teeth also acts as a mild abrasive, helping to remove stains.

“Sprays allow more accurate and consistent delivery of the drug or treatment, and allow it to be held at a safe distance from the sterile environment of a spray can,” Sam Shuster from the Newcastle University said.

http://www.kcl.ac.uk
New appointment at IndepenDent Care Plans

At a time of financial pressure on both dental practices and their patients, IndepenDent Care Plans are pleased to experience continued success in providing a service to dentists that helps increase additional regular income whilst providing their patients with a dental plan they can budget for.

As a result of the current growth, the company are also bucking the trend of staff support levels by increasing their Business Development team to support practices introducing, converting and developing their patient dental plans.

Therefore ICP are delighted to announce that Wayne Mayhew has joined the IndepenDent team as our new Business Development Consultant, bringing with him a wealth of experience in both the Dental & Healthcare sectors.

Mayhew is very experienced working with Dental practices and in particular with Dental Plans, having previously worked for Isoplan where he enjoyed developing fantastic and successful relationships with many Dental Practice teams.

Mayhew will provide business development support and advice, including guidance on marketing, conversion management, banding rate assessment and team training needs, helping practices to implement and grow their patient plans.

Gary Moore, Business Development Manager for ICP said “We feel Wayne is a great acquisition to the team and furthermore cements IndepenDent Care Plans growth in the market whilst providing Principal Dentists with a further option as their preferred Plan Provider.”

Care Quality Commission survey

The Care Quality Commission is seeking feedback from health and social care staff. The CQC claim that ‘our job is to check whether hospitals, care homes and care services are meeting government standards’.

The website shows the latest reports on whether government standards are being met, which includes encouraging both patients and health workers to share their experiences or report a specific concern.

The questions included in the recent survey include:

• ‘Overall, how well do you think CQC is ensuring that all providers meet the essential standards of quality and safety?’

• ‘How clear are you about what you need to do in your role to ensure that your organisation is meeting the essential standards?’

• ‘Are you aware of CQC’s process for raising a concern about quality of care (whistle-blowing)?’

These questions are worthy of dentists and dental health workers time since the Care Quality Commission have just started regulating primary dental care for both private and NHS services, publishing up-to-date information assessments received on their websites.

Australia promises $4B for dental care in rural areas

The Australian Department of Health and Ageing has announced a six year dental package for low-income citizens in rural areas. Three million children are now eligible for the government subsidised dental care, as well as one million low-income adult and pensioners, according to Tanya Plibersek, Minister for Health.

The package includes the following:

• $2.7 billion for 3.4 million Australian children who will be eligible for subsidised dental care

• $1.5 billion for 1.4 million additional services for adults on low incomes, including pensioners and concession card holders, and those with special needs

• $225 million for dental capital and workforce to support expanded services for people living in outer metropolitan, regional, rural, and remote areas

The $4 billion package is in addition to the $315 million announced in the 2012-2013 federal budget. It will replace the Medicare Teen Dental Plan and the Chronic Disease Dental Scheme (CDDS).