Future unclear for Clearstep as administration looms

Chaos for Clearstep clinicians and patients as clear aligner firm goes to the wall

Thousands of patients and practitioners have been left mid case as Clearstep, the clear aligner company has officially gone into administration.

Following weeks of rumours and confusion, insolvency specialists FRP Advisory has announced that the company has indeed been put into administration. A spokesperson for FRP commented: “The company has gone into administration, and unfortunately all of the staff have been made redundant. It’s a sad day; it’s the end of the line.

“All practitioners will be written to, and will be receiving letters shortly. For more information, contact FRP Advisory on 02030054000.”

For practitioners, the announcement has given closure to the first chapter of a situation that will have repercussions for some time to come. Dental practitioners are left with the situation of patients now needing alternative treatment plans; many of which will have paid in advance. Practitioners are also left counting the cost of treatment plans that they paid for in advance for patients.

During the weeks of uncertainty, patients and clinicians have been taking to social media to vent their frustrations at the lack of information coming from Clearstep. One clinician took to Facebook, many discussed their anger on dental online forums and patients voiced their concerns on sites such as mon-expert.com. The main issue was the inability to talk to someone and get clarity on the situation so they could move forward with finding alternative solutions for their patients.

Support from the trade has been welcomed, with many orthodontic treatment system providers offering support and advice where needed. Dental Protection too has issued a brief offering advice. One of its main messages for practitioners states The four key principles to follow in order to minimise the dento-legal consequences of these situations are:

1) Find out the facts rather than acting on the basis of rumour and hearsay information. In a fluid situation, you need to be doing this on a daily basis and trying to speak to reliable, authoritative sources of information.
2) Stay in close and regular communication with the patients involved. Make sure that they are not financially disadvantaged.
3) Let the patients see you under any phone calls that you make, and detailed notes of all discussions and the name(s) and contact details of all the people that you speak to.
4) Do something positive – be proactive, don’t just cross your fingers and hope for the best. Assess the situation of each patient individually, prioritise their needs, and explore all the available options in the best interests of each individual patient. Keep full records of all of this, including any phone calls that you make, and detailed notes of all discussions and the name(s) and contact details of all the people that you speak to.

Support from the trade has been welcomed, with many orthodontic treatment system providers offering support and advice where needed. Dental Protection too has issued a brief offering advice. One of its main messages for practitioners states The four key principles to follow in order to minimise the
dento-legal consequences of these situations are:

1) Find out the facts rather than acting on the basis of rumour and hearsay information. In a fluid situation, you need to be doing this on a daily basis and trying to speak to reliable, authoritative sources of information.
2) Stay in close and regular communication with the patients involved. Make sure that they are not financially disadvantaged.
3) Let the patients see you under any phone calls that you make, and detailed notes of all discussions and the name(s) and contact details of all the people that you speak to.
4) Do something positive – be proactive, don’t just cross your fingers and hope for the best. Assess the situation of each patient individually, prioritise their needs, and explore all the available options in the best interests of each individual patient. Keep full records of all of this, including any phone calls that you make, and detailed notes of all discussions and the name(s) and contact details of all the people that you speak to.

Dental Tribune has made repeated attempts to contact the management team at Clearstep, without success.
Hundreds of adults who have a severe phobia of dentists have found the support they need to access dental treatment through a new service provided by a dental clinic in Hartlepool.

The Queensway Dental Clinic has partnered with the University Hospital of Hartlepool to provide a general anaesthetic service for those patients who have a severe phobia.

Managing Partner, Dr Paul Averley, Queensway Dental Clinic, explains: “There are a small number of people whose phobia of the dentist is so severe that they haven’t attended check-ups nor had their dental issues attended to for many years, sometimes even decades, resulting in substantial oral health issues. It is for these patients for whom all other pain be met using other methods, such as conscious sedation.

If the patient is deemed suitable they will have an appointment made for them at the University Hospital of Hartlepool where an experienced team from Queensway comprising a lead dentist, anaesthetist and nurse will work with the Hospital’s staff to provide treatment and after care.

For dentist and patient information on the general anaesthetic service, visit www.queensway.co.uk.

Five per cent of dental patients make complaints

A survey of more than 1,800 people across the UK has revealed how few patients think about complaining about their dental professionals.

Two per cent of those who say they have visited a dentist say they have complained or even considered making a formal complaint about a dental professional during the last 12 months. Specifically, 95 per cent say they had never complained and 95 per cent of these say they have never considered complaining.

When people complain, or consider making a complaint, they tend to complain or want to complain directly to the practice where they had the treatment. More than a third (37 per cent) approached or would approach their dental practice to make a complaint.

However, 52 per cent of those who’d complained, or considered making a complaint, weren’t sure who to complain to. The survey also asked those who had considered making a complaint, what prevented them from doing so.

Twenty nine per cent said they did not know where to start and a further 26 per cent said they didn’t know who or where to go to for information on how to complain.

Dentists admit illegal practice

The Department of Health has announced a £50 million boost for NHS dentists. This will allow more patients to register with a dentist, and get their oral health checked.

Lord Howe, Health Minister, said: “Since May 2010 more than a million new patients are seeing an NHS dentist.

“We want to make sure that this progress continues and that dentists give the highest standards of care as well as treating more patients. That’s why we have invested this extra £50 million in funding.

“Better oral health is a key priority of the Government and we recently extended the dental pilot programme which will see preventative care at the heart of dentistry going forward.”

Barry Cocker, Chief Dental Officer for England said: “Having a healthy smile is so important and I hope this £50 million will see thousands of new patients pick up the phone and register with an NHS dentist.

“Having stained teeth, unhealthy gums and bad breath is not only bad for your health, it is so damaging for confidence too.”

Dental surgeries have been applying to the local NHS to access the extra funds which will allow them to take on new patients and fund extra clinics. This is the second year the Government has made extra dental funding available. Dental practices can use the extra funds to either put on extra clinic hours, attract new patients or buy in new services such as orthodontics.

Dentistry gets £30 million cash boost

The Department of Health has announced a £50 million boost for NHS dentists. This will allow more patients to register with a dentist, and get their oral health checked.

Lord Howe, Health Minister, said: “Since May 2010 more than a million new patients are seeing an NHS dentist.

“We want to make sure that this progress continues and that dentists give the highest standards of care as well as treating more patients. That’s why we have invested this extra £50 million in funding.

“Better oral health is a key priority of the Government and we recently extended the dental pilot programme which will see preventative care at the heart of dentistry going forward.”

Barry Cocker, Chief Dental Officer for England said: “Having a healthy smile is so important and I hope this £50 million will see thousands of new patients pick up the phone and register with an NHS dentist.

“Having stained teeth, unhealthy gums and bad breath is not only bad for your health, it is so damaging for confidence too.”

Dental surgeries have been applying to the local NHS to access the extra funds which will allow them to take on new patients and fund extra clinics. This is the second year the Government has made extra dental funding available. Dental practices can use the extra funds to either put on extra clinic hours, attract new patients or buy in new services such as orthodontics.

Dentistry gets £30 million cash boost

The Department of Health has announced a £50 million boost for NHS dentists. This will allow more patients to register with a dentist, and get their oral health checked.

Lord Howe, Health Minister, said: “Since May 2010 more than a million new patients are seeing an NHS dentist.

“We want to make sure that this progress continues and that dentists give the highest standards of care as well as treating more patients. That’s why we have invested this extra £50 million in funding.

“Better oral health is a key priority of the Government and we recently extended the dental pilot programme which will see preventative care at the heart of dentistry going forward.”

Barry Cocker, Chief Dental Officer for England said: “Having a healthy smile is so important and I hope this £50 million will see thousands of new patients pick up the phone and register with an NHS dentist.

“Having stained teeth, unhealthy gums and bad breath is not only bad for your health, it is so damaging for confidence too.”

Dental surgeries have been applying to the local NHS to access the extra funds which will allow them to take on new patients and fund extra clinics. This is the second year the Government has made extra dental funding available. Dental practices can use the extra funds to either put on extra clinic hours, attract new patients or buy in new services such as orthodontics.

Dentistry gets £30 million cash boost

The Department of Health has announced a £50 million boost for NHS dentists. This will allow more patients to register with a dentist, and get their oral health checked.

Lord Howe, Health Minister, said: “Since May 2010 more than a million new patients are seeing an NHS dentist.

“We want to make sure that this progress continues and that dentists give the highest standards of care as well as treating more patients. That’s why we have invested this extra £50 million in funding.

“Better oral health is a key priority of the Government and we recently extended the dental pilot programme which will see preventative care at the heart of dentistry going forward.”

Barry Cocker, Chief Dental Officer for England said: “Having a healthy smile is so important and I hope this £50 million will see thousands of new patients pick up the phone and register with an NHS dentist.

“Having stained teeth, unhealthy gums and bad breath is not only bad for your health, it is so damaging for confidence too.”

Dental surgeries have been applying to the local NHS to access the extra funds which will allow them to take on new patients and fund extra clinics. This is the second year the Government has made extra dental funding available. Dental practices can use the extra funds to either put on extra clinic hours, attract new patients or buy in new services such as orthodontics.
Editorial comment

Last week saw the Dentistry Show, the first major event of the dental calendar. This show has been going from strength to strength and really is becoming a major force in the dental exhibition sector.

One of the big talking points at the event was the allowance of an illegal whitening company to take a stand. Due to a sustained protest by event goers this stand was withdrawn a few days before the opening of the show.

This story is interesting for a couple of reasons. One – it shows that the companies providing illegal whitening services and training are coming to realise that they need to be a bit more legit to survive in the era of new regulation; and two – practitioners are becoming more united in protecting their patients and promoting best practice of whitening procedures. Groups such as Stamp Out Illegal Whitening and the Tooth Whitening Action Group are beginning to make a lot of noise against illegal bleaching... we should be applauding their efforts and getting behind the cause.

New application offered in implant surgery

Dental techniques to modify the alveolar ridge have been around for many years, often as a means of support for dentures. As dental implants have now become common procedures, so has pre-implant preparation of the bone. The ridge-split procedure is one such method of widening and augmenting the alveolar ridge that is finding renewed interest.

A new article in the Journal of Oral Implantology presents a detailed description of the alveolar ridge-split procedure. The alveolar ridge is the bony ridge on both the upper and lower jaws that contains the sockets of the teeth. Establishing an alveolar ridge of proper dimensions has become essential with the advent of root-form endosseous dental implants, the most common type of implants.

The ridge-split procedure described in this article is a form of ridge widening or augmentation. In cases of narrow alveolar ridges, it has proven to be consistently successful. Use of this minimally invasive technique has many advantages in the pre-prosthetic stage of dental implants; low risk of inferior alveolar nerve injury, less pain and swelling, and no need for a second surgical site as donor are among the benefits.

Because of differences in bone density, the ridge-split technique requires a single surgical stage in the maxilla, or upper jaw, and a two-stage approach in the mandible. The two stages of mandible surgery consist of corticotomy, a bone-cutting procedure, followed by splitting and grafting performed three to five weeks later. The staged approach of the ridge-split procedure has shown a higher implant success rate and better buccal cortical bone preservation.

54% of adults have gingival bleeding.1

Recommend an evidence-based toothpaste as part of your treatment and maintenance of your patients’ periodontal health.

Name of the medicinal product: Colgate® TOTAL® PRO GUM HEALTH Toothpaste. Active ingredients: 10,000 ppm sodium fluoride (0.3%) and stannous fluoride (0.2%).

Indications: To reduce dental plaque, to reduce gingival blood and to reduce the progression of periodontitis. Contraindications: None. Application: Apply a 1 cm line of paste across the level of a toothbrush and brush for 1 minute. For children under 6 years of age, use a pea-sized amount for supervised brushing; children from 6 to 12 years of age, use a small amount for supervised brushing. Follow label instructions. Consult your dentist. Special warnings and precautions for use: Children under 6 years of age. Note: Keep out of the reach of children. Store below 25°C. Use within 6 months of opening. For use as an aid in preventing plaque buildup and gingivitis. FSA allows a tax deduction for prescribed brushing in excessive salivary flow. For use in artificial saliva.

1 Adult Dental Health Survey 2003. NHS Information Centre for Health and Social Care.
Children’s oral health initiative launched

A new drug combination could prevent neck cancer

The benefits of breaking up

Dentist tackles desert for charity
DENTAL WEBINARS
Learn from the comfort of your own home

Over the last four years we have built a solid reputation as the original and best dental webinar provider. The webinars are live and interactive to give a unique learning experience. Interact with some of the industry’s leading experts as they present the very latest in clinical practice.

UPCOMING WEBINARS:

21/03/13  An Introduction to the uses of CEREC Technology for the GDP
27/03/13  Perio Implant Interface - The Three P’s of Perio
04/04/13  Dental Trauma: Luxations & Avulsions

Join the Dental Webinar club – sign up for free:
www.dentalwebinars.co.uk
Age affects presence of artifacts in CBCT scan

Patient age can play a role in the presence of artifacts due to movement during a dental cone-beam CT (CBCT) scan, according to a short communication in Dentomaxillofacial Radiology. Researchers from Glasgow Dental Hospital and School wrote: “Our aims were to assess the number of patients who showed signs of movement artifact during CBCT acquisition and how many of these required retakes for diagnostic reasons,” they wrote. “Our hypothesis was that patients at the extremes of age were more likely to move during scan acquisition.”

The research team used Xoran i-CAT Classic software to analyse 200 randomly selected dental CBCT scans whose ages ranged from eight to 80 years. They assessed the images in cross-sections at the coronal, sagittal, and axial views. After analysing the selected CBCT images, they found signs of movement artifacts in nine scans from the 200 included in the study, although only 0.5 per cent of the scans required a retake for diagnostic reasons. These nine scans were primarily in patients younger than 16 years of age and older than 65 years of age.

The researchers thus analysed a second sampling of dental CBCT scans specific to these two age groups: 65 for those younger than age 16 and 57 for those older than 65. In this analysis, seven patients younger than age 16 (10.7 per cent) showed double bony contours, and 86 per cent of these scans were in male patients. In the over-65 age group, they found that eight patients moved (21.6 per cent) and that 62.5 per cent of them were female.

While some movement may not affect image quality, it can affect the spatial resolution, the researchers noted. They suggest using a removable dummy to prevent retakes for diagnostic reasons, although the latter can increase signal-to-noise ratio in the resulting images, they added.

Ancient teeth bacteria record disease evolution

NA preserved in calcified bacteria on the teeth of ancient human skeletons has shed light on the health consequences of the evolving diet and behaviour from the Stone Age to the modern day.

The ancient genetic record reveals the negative changes in oral bacteria brought about by the dietary shifts as humans became farmers, and later with the introduction of food manufacturing in the Industrial Revolution.

An international team, led by the University of Melbourne’s Centre for Ancient DNA (ACAD) where the research was performed, has published the results in Nature Genetics. Other team members include the Department of Archaeology at the University of Aberdeen and the Wellcome Trust Sanger Institute in Cambridge (UK).

“This is the first record of how our evolution over the last 7,500 years has impacted the bacteria we carry with us, and the important health consequences,” says study leader Professor Alan Cooper, ACAD Director.

“Oral bacteria in modern man are markedly less diverse than historic populations and this is thought to contribute to chronic oral and other diseases in post-industrial lifestyles.”

The researchers extracted DNA from tartar (calcified dental plaque) from 34 prehistoric northern European human skeletons, and traced changes in the nature of oral bacteria from the last hunter-gatherers, through the first farmers to the Bronze Age and Medieval times.

“Dental plaque represents the only easily accessible source of preserved human bacteria,” says lead author Dr Christina Adler, who conducted the research while a PhD student at the University of Sydney.

“Genetic analysis of plaque can create a powerful new record of dietary impacts, health changes and oral pathogen genome evolution,” she says. The researchers then developed a DNA extraction protocol, as well as a method that allows for the accurate dating of tartar samples.

They ran the DNA from each sample through a machine that selects for single nucleotide polymorphisms (SNPs) – genetic variations that affect characteristics like susceptibility to disease. The researchers then compared their results with the genome sequences of modern bacteria present in the mouth, essentially “clocking” their appearance and disappearance over the last 8,000 years.

They found that oral bacteria changed markedly with the introduction of farming, allowing domination by caries-causing bacteria as people started eating more sugar and flour in the Industrial Revolution, we can see a dramatically decreased diversity in our oral bacteria, allowing domination by caries-causing strains. The modern mouth basically exists in a permanent disease state.”

Pilot underway for mouth cancer screening scheme

More than a hundred dentists from fifty dental practices across the UK have started the Mouth Cancer Screening Accreditation Pilot Scheme.

The scheme, which is supported by Henry Schein, PDAS and ProDental(CPD), is the brainchild of Dr Vinod Joshi, Founder of the Mouth Cancer Foundation. It will recognise dental practices that demonstrate a visible commitment to increasing public awareness of mouth cancer screening to all patients and to establish a documented referral pathway with a local specialist department.

The practices which have signed up to take part in the pilot will start the annual membership programme today ahead of the official launch at the BDA Conference on Saturday 27th April 2013. They will road test all aspects of the initiative to ensure it runs smoothly. The pilot practices will work through the accreditation process and act in a focus group capacity by feeding back on the scheme, its methods, quality and efficiency. On completion of the relevant criteria they will receive full accreditation when the Mouth Cancer Screening Accreditation Scheme launches.

The Mouth Cancer Screening Accreditation Scheme is open to any dentist registered with the GDC or any dental practice whose clinicians are registered with the GDC. Dentists who take part in the pilot scheme will receive associated accreditation when the Mouth Cancer Screening Accreditation Scheme launches. For more information or to take part in the pilot scheme please contact the Mouth Cancer Foundation via info@mouthcancerfoundation.org or call +44 (0) 1824 950 850 for more information.

Concern over illegal whitening in Ireland

The body representing the Irish dental industry has expressed reservations that companies offering cosmetic tooth whitening services in Ireland may not be operating in compliance with new European laws.

As reported in thejournal.ie, a European directive which came into force last October places a limit on the amount of hydrogen peroxide – the key bleaching agent – that can be used in a bleaching solution administered by dentists.

However, the Irish Dental Association says it asked four tooth whitening businesses to provide details on the whitening gels they used, and none could do so. Meanwhile, only one of the four said their practice was overseen by a qualified dentist.

The European rules also require a dentist to approve the administration of the whitening gel in the first instance, and requires a full clinical examination of the patient before the process can begin.

IDA representative Tom Feeney said the purpose of the directive was to ensure patient safety but that this was being threatened by the continued operation of others outside the law. He also warned that tooth whitening products bought over the internet may not be in compliance with the European rules, and that their safety could therefore not be guaranteed.

The issue is to be discussed at the Irish Dental Association’s next national council meeting in three weeks’ time.
CT analysis of tumours may be biomarker in oesophageal cancer

CT texture analysis of primary tumours may be a potential imaging biomarker in localised oesophageal cancer following neoadjuvant chemotherapy, according to research presented at the 2013 Cancer Imaging and Radiation Therapy Symposium.

This study evaluated the tumour microstructure before surgery, post-treatment and post-treatment CT scans of 31 patients with localised resectable oesophageal cancer patients with a median age of 65 and who received neoadjuvant chemotherapy between 2007 and 2010. CT scans were performed before and after the use of chemotherapy and prior to surgery. All patients received platinum and fluorouracil-based chemotherapy followed by surgery.

Primary tumours became more homogeneous following chemotherapy, as entropy decreased and uniformity increased. Smaller change in skewness following chemotherapy was a significant prognostic factor. Lower baseline entropy and lower post-treatment MGI were also associated with improved survival, although they demonstrated only a trend towards significance.

“Though these results are for a very small number of patients, they suggest that the tumoural texture features may provide valuable information that could help us to distinguish which patients will do well following chemotherapy and which ones will do poorly,” said Connie Yip, MD, the lead study author, a clinical research fellow at King’s College London, United Kingdom and an associate consultant in radiation oncology at the National Cancer Centre, Singapore.

“As a biomarker for treatment efficacy, this technique could save patients from unnecessary surgery and provide more definitive guidance in developing patient treatment plans with improved outcomes.”

‘Snackers’ at greater risk of problems

Dentists and hygienists across the UK were polled alongside 1,000 consumers by sugarfree gum brand Extra® to examine current oral health understanding and behaviour.

Nearly half (42 per cent) of the UK dentists and hygienists polled identified ‘grazers’- people who eat small meals and snacks throughout the day – as one of the groups most at risk of developing oral health problems. And the majority (84 per cent) believe that awareness of the oral health care issues surrounding ‘grazing’ is low. Snacking, rather than eating three meals a day, prevents the mouths’ pH levels from stabilising and the acid attacks caused by food are more frequent and prolonged.

The survey also identified office workers as the worst culprits for snacking at their desks, with 40 per cent admitting to snacking throughout the day. People who drink wine or mixed long drinks three or more times a week (51 per cent) and coffee shop regulars (23 per cent) were also high risk categories, suggesting how modern work and lifestyle trends are contributing to poor oral health habits.

The majority (79 per cent) of dental professionals questioned believed that most patients are failing to follow even the simplest oral care recommendations – such as brushing for two minutes twice a day. Dentists’ concerns are substantiated by the consumer research, which revealed that a fifth of office based employees (21 per cent) regularly miss brushing their teeth in their rush to get to work. And when they do brush a massive 88 per cent fail to do so for the recommended two minutes.

Fitness to Practise changes start to show results

Further work is underway to improve the General Dental Council’s handling of complaints against dental professionals.

A raft of changes, which began in 2011, have already been implemented to its Fitness to Practise system, and further improvements are currently taking place.

Some key measurements show the progress made so far:

• The number of cases completed at the end of stage within six months of being received has increased from 68 per cent at the end of 2011 to 90 per cent at the end of 2012;

• There has been an increase of 15 per cent at the end of 2012 for cases progressed from Investigating Committee to reaching a Hearing within nine months compared to the end of 2011;

• There has been a reduction in the length of the queue of cases awaiting a hearing to 129 at the end of 2012 compared to the 155 at the first quarter of 2011;

Some of the changes introduced to try to tackle are:

• Procedures throughout the entire process have been reviewed and improved and new operating guidance has been published to document the new system;

• More Investigating Committee meetings are being scheduled and legally qualified Investigating Committee managers have been appointed to support the Committee to ensure that all information needed to make decisions is provided to the committee;

• A new triage process has been introduced to scrutinise cases as soon as they arrive to plan what action needs to be taken, or to close cases early on if appropriate to do so;

• The National Clinical Assessment Service is providing early clinical input to cases before the initial assessment of a case to ensure that case-workers are fully apprised of the significance of clinical matters raised from an early stage in the case.