CQC Chief Exec Resigns

CQC Cynthia Bower resigns as critical report is released

It’s been a turbulent time for the CQC these past few weeks, what with another report on the performance of the CQC published by the Department of Health (turn to page 2 for more detail on The Performance and Capability Review of the CQC and Cynthia Bower, Chief Executive of the Care Quality Commission (CQC) suddenly announcing her resignation.

Since the news there has been speculation regarding her sudden departure, and deepening the mystery surrounding her resignation, a non-executive member of the CQC issued a ‘warning’ less than 24 hours before the news, concerning ‘planned changes’ to the current inspection regime. The statement revealed that the new approach to be adopted by the CQC will see inspectors looking more for non-compliance, rather than compliance and that from 1 April, there will be no time given for trusts to comply through improvement notices; they will simply be labelled as non-compliant or compliant.

Dental Tribune contacted CQC regarding the future of CQC now that the Chief Executive had resigned; a spokesperson said that “CQC will continue to regulate health and social care providers as directed by the Health and Social Care Act 2008.”

In the official press release from the CQC, Cynthia Bower said: “After almost four years as Chief Executive, CQC has introduced – for the first time – a new model of regulation for health and social care. Cynthia is a committed public servant and I wish her well for the future.”

Cynthia Bower has agreed with the Chair that she will remain in post until autumn 2012 to allow for an appropriate handover. The recruitment process for her successor will begin shortly.

Tackling waiting times
Health bosses have confirmed that an additional 12,000 NHS dental places will be made available in Plymouth in an effort to tackle waiting lists. It is hoped that the new places will also help encourage people to visit their dentist on a regular basis. Currently around 1,800 people are waiting to register with a NHS dentist in Plymouth, however, thanks to £400,000 of funding, the new contracts will open up a further 5,000 dental places, plus a further 7,000 dental places in some of the poorest areas of the city. Rob Winton, a public health dentist working for NHS Plymouth, has urged patients to make use of the services available to them and to attend regular check ups to prevent oral health problems from developing and putting off treatment will increase the risk of complex diseases developing, which are much more costly to treat.

Brushing saves lives
A study that has identified a possible link between mouth bacteria and meningitis has suggested that regular brushing and flossing teeth could help prevent the illness. The suggestion comes after researchers in Zurich found the newly-identified bacterium Streptococcus tigurinus in the blood of patients with meningitis. According to a report, the bacterium was also found in the saliva of people with asymptomatic meningitis, or inflammation of the spine, and a type of heart disease called endocarditis. It is thought that the bacterium could get into the bloodstream through bleeding gums.

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www.dental-tribune.co.uk
Proving Turing’s tiger stripe theory

Researchers from King’s College London Dental Institute have provided the first experimental evidence confirming a great British mathematician’s theory of how biological patterns such as tiger stripes or leopard spots are formed.

The study, funded by the Medical Research Council and published online in *Nature Genetics*, not only demonstrates a mechanism which is likely to be widely relevant in vertebrate development, but also provides confidence that chemicals called morphogens, which control these patterns, can be used in regenerative medicine to differentiate stem cells into tissue.

The findings provide evidence to support a theory first suggested in the 1950s by famous code-breaker and mathematician Alan Turing, whose centenary falls this year. He put forward the idea that regular repeating patterns in biological systems are generated by a pair of morphogens that work together as an ‘activator’ and ‘inhibitor’.

To test the theory the researchers studied the development of the regularly spaced ridges found in the roof of the mouth in mice. Carrying out experiments on mouse embryos, the team identified the pair of morphogens working together to influence where each ridge will be formed. These chemicals controlled each other’s expression, activating and inhibiting production and therefore controlling the generation of the ridge pattern.

The researchers were able to identify the specific morphogens involved in this process - FGF (Fibroblast Growth Factor) and Shh ( Sonic Hedgehog) - so-called because laboratory fruit flies lacking the fly version have extra bristles on their bodies. They showed that when these morphogens’ activity is increased or decreased, the pattern of the ridges in the mouth palate are affected in ways predicted by Turing’s equations. For the first time the actual morphogens involved in this process were identified and the team were able to see exactly the effects predicted by Turing’s 60-year-old speculative theory.

Dr Jeremy Green from the Department of Craniofacial Development at King’s Dental Institute said: "Regularly spaced structures, from vertebrate and hair follicles to the stripes on a tiger or zebra, are a fundamental motif in biology. There are several theories about how patterns in nature are formed, but until now there was only circumstantial evidence for Turing’s mechanism. Our study provides the first experimental identification of an activator-inhibitor system at work in the generation of stripes - in this case, in the ridges of the mouth palate.

“Although important in feeling and tasting food, ridges in the mouth are not of great medical significance. However, they have proven extremely valuable here in validating an old theory of the activator-inhibitor model first put forward by Alan Turing in the 50s.

"Not only does this show us how patterns such as stripes are formed, but it provides confidence that these morphogens (chemi-
cals) can be used in future regener-
erative medicine to regenerate structure and pattern when dif-
f erentiating stem cells into other tissues.

“As this year marks Turing’s centenary, it is a fitting tribute to this great mathematician and computer scientist that we should now be able to prove that his theory was right all along.”

CQC performance review published

The Department of Health today published its findings from the *Performance and Capability Review of the Care Quality Commission*.

The review recognises that the CQC has made considerable achievements since it was established in 2009 as the new watchdog for health and social care services in England. It has brought together three different organisations, creating the largest organisation of its kind in the world, and set up a new system of regulation.

It has delivered a challenging programme of work, registering more than 21,000 providers since April 2010 and is increasing the number of inspections taking place.

However, the review found that the scale of this task had been underestimated by CQC and the Department, and more could have been done more to manage risks during the early years of the organisation’s operation. The review also acknowledges that the role of the CQC has not been as clear as it needs to be to health and care providers, patients and the public.

But the review recognises that over the last nine months, the CQC has made significant improvements, increasing inspection staffing and focusing more on its core duties to register and inspect healthcare providers.

The review has made a series of recommendations that are designed to support its continuing improvement, by strengthening the CQC Board and building on what has already been learnt:

- The CQC must become more strategic and set out more clearly what success looks like
- The Board should be strengthened with the appointment of additional members and that there should be clearer arrangements between the Board and the Executive to ensure that the Board is holding the operation of the CQC to account
- The CQC should build an evidence base for its regulatory model to demonstrate and ensure confidence in its effectiveness
- Frontline inspectors should have greater access to individuals with professional experience, such as doctors, nurses or social care experts.
- There should also be more consistency in how inspections are carried out and there should be enough inspectors to meet future demand.

The review also recognises that the Department has more to do to support the CQC and ensure that it is held to account for its role in regulating health and social care. Therefore, we will be working with the CQC to recruit additional non-executive members to the Board. This recruitment process will start immediately.

In a letter to the Chair of the CQC, Lina O’Brien, Department of Health Permanent Secretary, said: “Over the last nine months, CQC has made significant improvements in performance and in focus on core purpose. However, the evidence has clearly shown there is more work to do to build on recent successes to ensure the organisation has the capability and capacity to respond to patient, public and parliamentary expectations in the future. Lessons need to be learned from the performance shortcomings of the early years. The leadership of the organisation are willing to listen and act on issues raised about the organisation’s performance.”

In a letter responding to the Review, Jo Williams, Chair of the CQC said: “I would like to give a broad welcome to the findings of the review. The process has recognised the context and complexity of CQC’s work, progress made and where more work is needed to further develop our regulatory approach. We take seriously the recommendations of the review and have a desire to make further progress on all areas of the review.”

The Department will also take steps to strengthen the Board to ensure improvements can be sustained. This includes proposing changes to the Board so that instead of comprising only non-executives, it becomes a unitary Board made up mainly of non-executives but with senior executives also on the Board who are held more systematically to account. DH will set out shortly how it plans to take forward this recommendation.

The review can be found on the Department of Health website www.dh.gov.uk/health/2012/02/ cqc-performance-review/.

NHS dental costs to increase in England

The government has announced that from April 1st the costs of basic dental treatment will be raised to £17.50, a 50p rise, whilst prescriptions will be raised by 25p to £7.65.

A BBC report also stated that there will be further rises of up to £5 for complex dental treatment.

Although doctors have previously called for all prescription charges to be abolished in England, the changes in the charges, which were outlined by Health Minister Simon Burns, will be put before Parliament soon.

In Scotland, Wales and Northern Ireland charges have already been scrapped.

The announcement will have an effect on dental treatment, with Band 1 treatment, consisting of examination, diagnosis and advice, X-rays, scale and polish and treatment planning, set to cost £17.50.

Charges for Band 2 treatment, consisting of root canal identification, extractions, fillings, will increase from £47 to £48, whilst Band 3 treatment prices will be affected by a £5 increase, meaning that crowns, dentures and bridges will cost £209.

Mr Burns said: “Dental charges represent an important contribution to the overall cost of dental services.”

“The exact amount raised will be dependent upon the level and type of primary care trusts and the proportion of charge-paying patients who attend dentists and the level of treatment they require.”

However, with regards to pre-scription, the cost of a prescription payment certificate (PPC), which is valid for three months, will remain at £29.10 and the price of an annual PPC will be held at £104.

Mr Burns said: “PPCs offer savings for those needing four or more items in three months or 14 or more items in one year.”

Further increases will also be imposed, such as the charges for elastic stockings and tights, wigs and fabric supports, which are supplied by hospitals.
Editorial comment

So, the event that many in the healthcare arena has been waiting for has happened. No, not a freak accident that has wiped the NHS reforms off the face of the planet (although for many that would be high on their miracle list), but the resignation of Care Quality Commission Chief Executive Cynthia Bower.

Ms Bower’s departure coincided with the Performance and Capability Review of the CQC, where despite all the positive spin, the regulator is yet again criticised for simply not being up to the task. Not that that had anything to do with her resigning of course – according to her statement, she feels she can do no more after four years at the helm of one of the most unpopular regulatory bodies ever conceived.

Personally, I’m not sure that Ms Bower’s departure will do more than decapitate the figurehead. The CQC did not grow organically – from the day it was established it was a large organisation that would be difficult to manage, not started small and allowed to grow into its regulatory function. Does the chief executive’s role have any real bearing on the day-to-day running of the regulator or the problems that been so publicly reported? Interestingly, the regulator has stated that it will be business as usual and Ms Bower’s departure will not signal a change in direction – not sure that is what people will be wanting to hear!

Foundation elects new President

John Siebert, (pictured), has been elected as the new President of the British Dental Health Foundation.

John Siebert, Chairman of George Warman Publications, has become the new President of the British Dental Health Foundation. John replaces outgoing President Daniel Davis and will serve as President for the next two years.

John joined the Foundation in March 2002. After serving his tenure as President-Elect, he now takes his position as President in his 10th year with the Foundation.

John said: “I am particularly proud to lead the Foundation and I would like to thank outgoing President Daniel Davis who helped to lead the Foundation during very difficult times for charitable organisations.

“I believe the Foundation has developed a very strong reputation over the past 60 years. The Trustees and I are looking forward to increasing awareness of the Foundation’s role and activities within the profession and the general public, as well as working successfully with our many partners to help improve the nation’s oral health further.”

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www.colgate.ie
Cigarettes vending machine ban reaches Northern Ireland

A recent survey by the British Dental Health Foundation revealed around one in seven (15 per cent) of 12-16 year olds in the UK admitted to smoking. While 97 cent of young people knew the harmful effects of smoking, only half would change their ways.

Smoking is the major cause of mouth cancer in the UK. Drinking alcohol to excess, poor diet and some sexually transmitted infections (Human Papilloma Virus or HPV) are also known risk factors for mouth cancer which is likely to affect 60,000 people in the UK over the next decade.

Chief Executive of the Foundation, Dr Nigel Carter, welcomed the ban.

Dr Carter said: “The ban is another welcome measure to stop young people from obtaining tobacco from what is a largely unsupervised source.

"By joining England and Wales in introducing such legislation, the ban makes it more difficult for young people to engage in smoking. It will also protect them from the long-term ill-effects of tobacco use, including the risk of mouth cancer.

“It is really important that everyone knows the warning signs for mouth cancer. They include mouth ulcers which do not heal within three weeks, red and white patches in the mouth and unusual lumps or swellings in the mouth. Our message to everyone is ‘If in doubt, get checked out.’”

Most dentists not ready for compulsory EPCs

The majority of those dentists who are looking to sell their dental practices in 2012 are not ready for new legislation in regard to EPCs according to Andy Acton of Frank Taylor and Associates and Phil McCabe of the Forum of Private Business. The new changes will come into force on 4th April and mean that:

• An energy performance certificate will be required on all marketing for all properties that are to be sold or let
• The responsibility for the EPC will rest with the ‘relevant person’ – defined as either the owner or the agent. Both will have a duty to ensure an EPC is commissioned before marketing a property
• Trading Standards Officers will have new powers to force sellers and agents to produce copies of EPCs for inspection

It will also be a mandatory requirement for air conditioning inspection reports to be lodged on the central Non Domestic EPC Register

• EPCs will need to be attached to written details of the property – meaning all assets in the property, including the asset rating will no longer apply. The first page of the EPC must be included

Andy commented, “This legislation may slip under the radar as it seems to have been announced quite quietly and we want to ensure that dentists are aware of this. Put simply, after the 6th April, the marketing of a dental practice just cannot happen without an EPC.”

Phil McCabe, Senior Policy Adviser at the Forum of Private Business added, “Any costs like these are an extra burden for small businesses to bear. The EPC scheme is essentially a watered down version of the unpopular Home Improvement Pack (HIP) scheme, which was dreamed up by the last Government but quickly abandoned by the Coalition after it came in to office for being unnecessary and costly. We would say the same of the EPC.”

Aside from the cost implications, there’s also the extra paper work that will be involved. More red tape and yet more form filling for businesses at a time the Government is pledging to cut bureaucracy is just not necessary.”

Unlocking a whole world of opportunity

Took in its 55th year, the BDA/DENTSPLY Student Clinician Awards is an outstanding showcase event, featuring research presented by some of the best young talent in UK dentistry.

Russ Leader of Liverpool University was recently awarded first prize for his research into the Wilms’ Tumour Protein (WT1). As part of his prize, won a trip to San Francisco to present his research to the American Dental Association in October:

“The Student Clinician Awards may be a once in a lifetime opportunity, and I urge the other entrants to make the very most of it,” he says.

“I’m now really looking forward to meeting delegates from around the world, and I am keen to find out more about their research interests. There’s a whole world of opportunity out there – I really can’t wait to see what it brings!”
Switch on to new ideas

Speakers:

Prof Nasser Barghi
Dr Richard Kahan
Prof Gianluca Gambarini
Dr Wyman Chan
Dr John Moore
Dr Ajay Kakar
Ms Jackie Coventry
Dr Mona Kakar
Basil Mizrahi
Mhari Coxon
Fraser McCord
A new study has suggested that smoking causes the body to turn against helpful bacteria that resides in the mouth, making the smokers more prone to disease and infection. The report states that within the mouth of a healthy person there is a delicate ecosystem of healthy bacteria; however, in the mouth of a smoker, this system is turned into a chaotic and diverse ecosystem.

The effect of this imbalance can cause the body to become more susceptible to harmful bacteria and with smokers already at a higher risk of suffering from oral diseases, this can cause several problems.

“The smoker’s mouth kicks out the good bacteria, and the pathogens are called in,” said Kumar. “So they’re allowed to proliferate much more quickly than they would in a non-smoking environment,” said Purnima Kaur, assistant professor of periodontology at Ohio State University in a report.

“A few hours after you're born, bacteria start forming communities called biofilms in your mouth,” said Kumar. “Your body learns to live with them, because for most people, healthy biofilms keep the bad bacteria away.”

Like Zen the mouth to a lawn in one report, Kumar said: “When you change the dynamics of what goes into the lawn, like too much water or too little fertilizer, you get some of the grass dying, and weeds moving in.” For smokers, the “weeds” are problem bacteria known to cause disease.

Kumar and her colleagues also looked at how bacterial ecosystems create a natural immune response in smokers making the smokers more prone to disease. However, if intervention, highlighting the earliest age smoking is a problem between the ages of 11 and 15 for the tobacco industry’.

The study not only revealed that 27 per cent of under-15s have tried smoking, but it also exposed how eight out of ten smokers took up the habit before their 19th birthday.

The figures have highlighted that more needs to be done to discourage youngsters from starting the habit and Cancer Research UK believes that introducing plain packaging on cigarettes is a good place to start, making cigarettes visibly less attractive.

Jean King, the charity’s director of tobacco control, claimed in a report: “The tobacco industry spends a great deal of money on designing cigarettes and their packets so they seem glamorous, appealing, fashionable and attractive in an effort to recruit more customers.

With advertising outlawed, the cigarette packet is now the most important marketing tool the tobacco industry has.”

Charities have already critiqued a new report from the Adam Smith Institute, which claimed that putting cigarettes in plain packs would have no benefit for public health; however, according to a report, Action on Smoking and Health argued that the think tank had misrepresented the truth and was “acting as the mouthpiece for the tobacco industry”.

“Dentists don’t often talk to their patients about smoking cessation,” she continued. “These results show that dentists should take a really active role in helping patients to get the support they need to quit.”

The results of the study were published in the journal Infection and Immunity. http://jai.asm.org/
**Dental Tribune** United Kingdom Edition • March 5-11, 2012

**News 7**

**Drink less a day to keep mouth cancer at bay**

While mouth cancer charity, the Mouth Cancer Foundation, welcomes the new government campaign on alcohol it also believes it does not go far enough. The charity has been campaigning for a reduction in the amount of alcohol consumed by individuals due to its risk of developing head and neck cancers for many years.

Drinking alcohol is the second most important cause of mouth cancer and 80 per cent of mouth cancer patients say they frequently drink alcohol. Drinking just one glass of alcohol a day doubles the risk of developing Mouth Cancer.

The Government announces a campaign to show that drinking just over the recommended daily limit for alcohol increases the risk of serious health problems.

Drinking two large glasses of wine or two strong pints of beer a day triples the risk of developing mouth cancer, according to the Government campaign.

Two million leaflets will be made available to Change4Life support health providers and health professionals across England to get the message across. Under the Change4Life banner the adverts will also inform people about a new online calculator to work out how much they are drinking.

Drinkers will be encouraged to cut down through measures such as having alcohol-free days, not drinking at home before going out, swapping to low or alcohol-free drinks and using smaller glasses.

The campaign follows a survey of more than 2,000 people which found 85 per cent do not realise drinking over recommended limits increases the risk of developing breast cancer.

Some 65 per cent were unaware it increases the risk of bowel cancer, 65 per cent did not know about a raised risk of pancreatitis and 59 per cent had no idea excess drinking increases the risk of mouth, throat and neck cancer.

Dr Vinod Joshi, Founder of the Mouth Cancer Foundation, said: "The current alcohol guidelines from the Government are still very high. To reduce the risk of mouth cancer risk, the Mouth Cancer Foundation recommends that people should limit or avoid drinking alcohol altogether. The evidence about alcohol and the link to cancer is growing and people should be more aware of the risks and reduce their alcohol consumption.

"Every additional drink a day shows risks of getting cancer will increase. People in the UK are drinking even more now than ever before and this could lead to more people developing cancer because of alcohol in the future. Bingeing is responsible for most cases, but some are triggered by drinking at levels below the suggested daily total."

The Department of Health’s current advice is that men should not regularly drink more than three - four units of alcohol per day, and women should not regularly drink more than two - three units of alcohol per day.

Drinking alcohol increases the risk of cancers of the mouth, esophagus, pharynx, larynx, and liver in men and women. In general, these risks increase after about one daily drink for women and two daily drinks for men. For men, the Mouth Cancer Foundation recommends no more than occasional drinking of two standard drinks a day and for women no more than one standard drink a day.

**Denplan Launches ‘Mind the Gap’ App**

Many practices have reported reduced profitability as a result of the recession and an increase in missed appointments. In response to this, Denplan has developed a unique online application – the ‘Mind the Gap’ app.

How much your practice is losing in revenue due to missed appointments, holidays, illness etc can often be a mystery as most practices will be working a year or more ahead of their accounts. The Mind the Gap App not only calculates your practice’s daily income, but also the revenue lost through these missed appointments – allowing the practice team to highlight patterns and find appropriate solutions.

Dr Richard Ward, Head of Marketing at Denplan, said: “The latest innovations in smartphone technology will help their digital lifestyle to get the next step in giving patients the benefit of patients, including and PFPI patients are four times less likely to cancel an appointment[1] in the future given the current economic climate. So, if some patients are attending less often due to financial reasons, then you could consider offering a dental plan as a value alternative to help them budget.

"Not only does Denplan offer patients a way to plan for their dental care, it also provides guaranteed regular income to help guard against missed appointments, holidays, sickness, and practice training days to increase profitability - so it’s win-win!"

For more information about the Denplan Mind the Gap App, please go to www.mindthega-p.com or contact your Denplan consultant.

**People to ‘prescribe’ apps for patients**

People could soon be directed to free or cheap apps by their GPs to allow them to monitor and manage their health more effectively.

The latest innovations in smartphone technology will help patients and the public to find and use NHS services, manage conditions and make better lifestyle choices in a way that is very convenient for them.

It follows a call to find the best new ideas and existing smartphone apps that help people and doctors better manage care which received nearly 500 entries and over 12,600 votes and comments.

Popular apps include ‘Patients Know Best’, where each patient gets all their records and can share them with their care team, to ‘My Mortality Risk’, which predicts how long a person will live. Some apps have already proved successful with hospitals including Great Ormond Street, UCL and Torbay as well as with GPs and community nurses from across the country who are responding to patients’ invitations.

The Diabetes App will also give people with diabetes reminders on checking blood sugar levels and taking medication. It will allow them to monitor, record and track blood sugar information, which can then be sent electronically to their doctor or clinic. The app also uses emerging FoodWiz software to help people control their diabetes or even help those at risk of diabetes to prevent it.

It will help patients to control their diet so they can rely less on medication and attending obesity clinics by allowing them to zap an increasing number of barcodes while shopping and get immediate information on the amount of calories, carbohydrates and fats.

The competition identified apps with potentially huge value to patients and the NHS that promote better management of long-term conditions or healthy living. Last month, NHS Choices was visited by 14.5 million people looking for information on health and local services – helping many to get the advice they needed without making an appointment to see their GP.

Developing smartphone apps is the next step in giving patients the information and advice they need and want to stay healthy.

At an event showcasing the best ideas for new and existing health smartphone apps, the Health Secretary Andrew Lansley said: “So many people use apps every day to keep up with their friends, with the news, find out when the next bus will turn up or which train to catch. I want to make using apps to track blood pressure, to find the nearest source of support when you need it and to get practical help in staying healthy the norm.”

We are looking at how the NHS can use these apps for the benefit of patients, including how GPs could offer them for free.
In 1977 dentistry was a little different to the dentistry we know today. The working week for a dental technician consisted of three and a half working days, gold crowns cost £20 (25 years later they cost less than £30) and dentists and dental technicians didn’t talk.

Fortunately, times have changed and dental technology has grown into a respected profession, and after 35 years of elite service, the founding members of CosTech and their team would like to celebrate with the industry and everyone who have helped them along the way.

After six years as a vital part of the firm’s service, David Hands and Neil Photay, the company’s Elite Managers, have decided that the first course of celebrations is offering ZironArch to dentists for £35 instead of the usual £125 throughout April 2012. This will enable ever CosTech dentist and patient to enjoy having an all-ceramic zirconia crown, may they be NHS or private.

But the generosity doesn’t seem to stop there. To help with the growing problem of dentists using disposable trays over and over again, CosTech will be supplying upper and lower impression trays to every job they send out from May.

“Trays cost pennies, not pounds,” CosTech Founder, Mr Photay said. “So, for every job and new dentist, a new set of trays will be sent out. We call them Thank You trays.”

CosTech will be giving back something different to the profession each month to celebrate their 35 years of service, the Thank You trays will be free forever.

Another new venture that CosTech are embarking on is the CosTech Implant Centre, a place dedicated to implants restorations, all designed and created in-house by a team of dedicated dental technicians, using the latest technology in implant restorations.

“CosTech are the leaders in this area that undoubtedly needs attention and their aim is to get every dentist to throw their old trays away and not re-use them on other patients,” Neil Photay said.

Although CosTech will be giving back something different to the profession each month to celebrate their 35 years of service, the Thank You trays will be free forever.

Contact Costech Implant Centre Today for further information 01474 320076
crowns, it becomes apparent that this side of dentistry, (the unseen workforce), should be described as an art form. The detail that the technicians compose is so intricate and personalized to suit the patient: In essence, they are building smiles that change lives.

The CosTech Implant Centre, which is to be launched on 1st March 2012, has already received some fantastic feedback, especially with regards to the no hidden fees and the latest technology process of creating implant restorations that it has embedded in its foundations.

CosTech are also hosting a new product, Implant Complete, which is a one stop shop for implant restorations. By designing and creating the implants in-house, CosTech will be offering better alignment and better accuracy of abutments and restorations, meaning that patients can have all ceramic, bio-compatible and perfect gum fitting dentures and implants.

What’s more, the implants work with most major implant systems so CosTech can give dentists the confidence that they will work. The fact that dentists can order any crown for the same price has also been a great hit.

A space to grow in

Amidst all the birthday celebrations, CosTech are also offering their boardroom to dental professionals, practices, companies and even the public.

For the public, CosTech will be putting on a series of live demonstrations to help out with providing patients with more options as to what dental treatments are available for them.

For the dental profession, CosTech will be providing CPD days, lectures hosted by guest speakers, and a space for dental practices to help enhance the relationships between dentists and technicians; because at the end of the day, the more the dentist understands, the more the patient understands.

The boardroom, where these events will be held, is the first of its kind to open its doors to the profession in the South East, and what’s more, the facilities will be free to use. “This is the real deal,” the elite managers explained.

To top off the celebrations, CosTech are currently aiming to invest in the training of the next generation dental technicians. With the ever growing need for more technicians in the industry, if the training programme goes ahead, it will help encourage students to train up as technicians and help fill the expanding hole in the profession. The aim at the moment is to visit local schools to spread the word about the role of dental technology and explain how their work is the fine balance between art and science, creating perfectly functional and aesthetic restorations to match the patient’s natural teeth.

Great new features

Dental System™ 2012 - the future proof solution

Model Builder

Create lab models directly from TRIOS® and 3rd party intraoral scans. Support for implant models.

TRIOS® integration

Receive TRIOS® digital impressions instantly from dentists and start designing right away.

3Shape Communicate™

Upload 3D design visualizations with a single click. Share and discuss your cases with dentists.

2nd Generation Removable Partial Design

Intuitively mimics the familiar workflow while significantly reducing production time.

Digital Temporaries

Create cost-effective temporaries without pouring a model using Virtual Preparation and Virtual Gingiva.

D500 3D scanner

3Shape’s new D500 model with Dental System Standard provides the market’s best entry-level CAD/CAM solution for small to medium labs and can later be upgraded to extend the range of available indications.

D800 3D scanner

Two 5.0 MP cameras. Scans a single-die in 25 seconds, captures texture and scans impressions.

Back ing our users with technology, care and expertise

New Dynamic Virtual Articulation

Like using your physical articulator. Support for Occlusion Compass. KaVo PROTAR® Evo, Whip Mix Denar® Mark 330, SAM® 2P, Artex® compatible and more to come.

Next Generation Telescopes

Full freedom for designing telescopic crowns. Support for attachment crowns and open telescopes. Add multiple bands, parametric attachments, and customized attachments.

Scan the QR code & sign up for our newsletter

Meet us at Dentistry Show in March 2-3, Birmingham UK, NEC Booth M3
Dental occlusion/temporomandibular joint and general body health

Drs Yong-Keun Lee & Hyung-Joo Moon discuss clinical evidence and mechanism of an underestimated relationship

**Dental occlusion**

Dental occlusion is associated with reduced lower extremity strength, agility and balance in elderly people. Proper functional occlusion of natural or artificial teeth has been shown to play an important role in generating an adequate postural reflex. The subgroups of general body conditions associated with TMJ may be divided into the following three categories:

1. **Synchronisation of head & jaw muscles with other muscles**
   - There is a necessary systematic synchronisation of the head and jaw muscles with the other muscles of the body to maintain proper body posture. The functional coupling of the stomatognathic system with the neck muscles is well known. Patients suffering from occlusal or TMJ disorders have reported dysfunction and pain in their neck muscles. An imbalance of sternocleidomastoid muscle activity, often leading to neck pain, can be induced by an unilateral loss of occlusal support.

2. **Biomechanical impact on cervical vertebrae**
   - During mastication there is an alteration which confirms that vertical occlusal alteration can influence stress distribution in the cervical column. Possible associations between trunk and cervical asymmetry and facial symmetry have been reported. For example, it has been found that visual perception control is most important in orienting the head in the frontal plane. A relationship between dental occlusion and postural control has also been postulated.

3. **TMJ and body stability**
   - Dental occlusion/TMJ condition exerts an influence on body stability. Human beings assume a relatively stable postural state when in the standing position; therefore, the maintenance of a standing position is related to posture control in the centre of gravity, which is controlled by information from the ocular region, the three semicircular canals and anti-gravity muscles. It has been suggested that occlusion and head position affect the centre of gravity, resulting in an increased risk of falling when abnormal. Poor or absent dental occlusion may decrease proprioception in this area, interfering with underlying neck muscles. In this case, the role of the head posture is thought that tooth loss is a risk factor for postural instability. Physiologically, mechanical receptors in the peri- odontal membrane control mandibular movements and coordinate masticatory function; and this is related to the motor activity of the neck muscles.

**Distribution and treatment of pain disorders**

The second hypothesis is that the TMJ and other parts of the body are connected through the meridian system, which is constituted of the fasciae. Traditionally, acupuncture meridians are believed to form a network throughout the body, connecting peripheral tissues to each other. Studies that seek to understand the acupuncture point/meridian systems from a Western perspective have mainly focused on identifying distinct histological features that differentiate acupuncture points from surrounding tissue. One of the histological and anatomical associations with the meridians is intermuscular or intramuscular lose connective tissue (fascia).

Ancient acupuncture texts contain several references to “fat, greasy membranes, fasciae and systems of connecting membranes” through which the qi is believed to flow. In terms of connective tissue associations, several authors have suggested that a connection may exist between the acupuncture meridians, which tend to be located along the fascial planes between muscles or between a muscle and bone or tendon, and the connective tissue. In view of experimental evidence, it has been hypothesised that the network of the meridians can be viewed as a representation of a network of interstitial connective tissues. These findings are supported by ultrasound images showing connective tissue cleavage planes at the acupuncture points in human beings. Rather than viewing acupuncture points as discrete entities, it has been proposed that these points might correspond to sites of convergence in a network of connective tissue permeating the entire body, similar to highway intersections in a network of primary and secondary roads. Mechanism of relationship between the TMJ and general body health based on the myofascial aspect

It is the first hypothesis of this article that TMJ and other parts of the body are connected through fasciae, which is a connective element between various anatomical structures, very similar to a three-dimensional network extending throughout the whole body. This network can be stretched by the contraction of underlying muscles and transmit tension over a distance. The fascial tissues are arranged vertically, from head to toe, and four interconnected transverse fascial planes criss-cross the body. Therefore, should an injury occur in one part of the body, pain and dysfunction may occur throughout the body. Mechanism based on qi and the meridian system

The trigger points and acupuncture points have been discussed since 1977, when 100 per cent of the patients of the TMJ had clinical pain correspondences for the myofascial trigger points and acupuncture points in the treatment of pain disorders were reported.

A number of similarities between them were also suggested. The two structures have similar locations and needles are used at either point to treat pain. The pain associated with the local twitch response at trigger points is similar to the qe sensation, and the referred pain generated by needling trigger points is similar to the propagated sensation along the meridians.

It was pointed out, however, that the acupuncture points located at the trigger points are not frequently used by acupuncturists, and do not share the same anatomical and physiological characteristics as trigger points. It was further argued that the claim of 71 per cent correspondence between the acupuncture points and the trigger points is conceptually impossible. Furthermore, even putting this conceptual problem aside, no more than 40 per cent of the acupuncture points correlated with the treatment for pain and, more likely, only approximately 18 to 19 per cent of the points are actually correlated. The correlation between the trigger points and the acupuncture points clearly need to be further investigated in the future.

The fascial connection theory we propose can explain the functional connection between dental occlusion/TMJ and other parts of the body based on either myofascial release or the qi and meridian system, or a combination of both. Therefore, dental occlusion should be built up and maintained in an optimal natural condition, while causes for deterioration of the TMJ status should be treated in an effort to restore the natural condition. 

**Contact Information**

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Managing clinical success

Dr Mike Busby discusses how to hone business management principles to ensure on-going clinical success

The goal with every patient in our care is surely clinical success? The Concise Oxford Dictionary defines success as ‘accomplishing one’s purpose’ – so it follows that the purpose of our clinical practice is to help patients achieve oral health. The definition of oral health adopted by the English Department of Health is: ‘A standard of health of the oral and related tissues, which enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and which contributes to general wellbeing.’

From this it’s clear there are fundamentally two aspects to assessing oral health success:

- The patient’s perceptions of comfort, function and appearance
- Professional judgements about disease activity

Our ethics, our desire for job satisfaction and even a desire for long term financial success will drive our ambition to be clinically successful. Yet how often, in a busy practising life, do we have the luxury to stop and consider exactly what clinical success is?

What is clinical success?

On a day-to-day basis, practices will provide various different treatments and advice designed to help patients towards the primary goal of oral health. In 2006 the Faculty of General Dental Practice (UK) of The Royal College of Surgeons of England published ‘Standards in Dentistry’, edited by Eaton (SIDs). 17 different clinical treatment areas have defined standards published in detail. These standards support us in determining the success of the different types of care we provide. This document also sets out two fundamental aspects to assessing the success of dental care:

- The patient’s perceptions of outcome particularly in respect of comfort, function and appearance
- Professional assessment of outcome against clinical standards informed by expert opinion

Both Zimmerman (1988) and Golletz et al (1995) have found that oral health outcomes, and therefore clinical success, are related to general patient satisfaction with the service provided. An integral part of clinical success is, therefore, to provide a good overall patient experience. It may be summarised as follows:

Clinical success is achieved with a patient who is comfortable, can eat an unrestricted diet, is happy with their dental appearance, is disease free and, if they have had any dental treatment, the outcome meets current professional standards. The patient experience of any care and treatment should be ‘ideal’.

Applying management principles to achieve clinical success

The three pillars of management suggested in Figure 1 summarise universal principles running through management teaching. They are similar to:

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the framework used in Investors in People.

This model for the management of clinical success would suggest that practices should not only work to clearly established procedures which have proved to be successful when undertaking individual treatments, which is indeed common practice, but should also have an overall oral health plan or policy for their patient base. (See fig 1)

Developing your practice oral health policy

Developing a practice oral health policy does not have to be a complicated undertaking. The Investors in People Standard would strongly suggest that the whole clinical team should be involved in its development. Current expert opinion would dictate an approach based on oral health risk screening (eg Steele 2009).

In its simplest form, a practice oral health policy would, therefore, set out firstly how patient risk for common oral conditions such as caries, periodontal disease, non-carious tooth surface loss and oral cancer would be assessed. It would then outline an evidence-based approach to care for the various risk groups.

Delivering Better Oral Health (Edition 2 2009) developed by the English Department of Health in partnership with the British Association for the study of Community Dentistry (BASCD) summarises a current evidence base: The personal development of team members may be informed by the oral health policy: For example, dental nurses may be trained to apply fluoride varnish.

Benchmarking

It will be clear from the model in Fig 1 that clinical audit will play a fundamental role in managing clinical success. A broad scope of outcome measures will be of value. This might include oral health score audits, to indicate overall levels of oral health being achieved, through to auditing individual tooth endodontic success. Patient surveys will also be important to monitor their perceptions and some payment plan specialists can help you with this. Some can also provide clinical study days on Managing Clinical Success, which also offer up to six hours verifiable CPD.

Applying management principles can undoubtedly enhance your chances or sustained clinical success, which will result in a fully satisfied, loyal patient base, better job satisfaction and the on-going success and growth of your business.

‘Applying management principles can undoubtedly enhance your chances or sustained clinical success’

About the author

Mike Busby was a principal in a large practice in Buckinghamshire from 1976 until 2006. He has worked as an Advisor to Denplan since 1990, developing and delivering training courses with particular emphasis on the leadership, management and governance of dental practices. Mike has also been involved with the development of the Denplan Excel Oral Health Score and the Denplan Excel Patient Survey. He is now also an Honorary Lecturer in Primary Dental Care at Birmingham Dental School where he has recently completed an MPhil in ‘Measuring Success in Dental Practice’.
Youth with a purpose!

Four young people raise funds for Dentaid in different ways

Cycling for Dentaid again

After their Devon Coast to Coast family cycle ride in 2009, James and Freya Harris (aged 11 and 9) decided to attempt a sponsored cycle challenge in 2011 for their two favourite charities, Dentaid and the Fisherman’s Mission. After hearing about a friend’s Dad cycling the 874 miles from John O’Groats to Land’s End, they decided to see if they could total the same distance in a year from their home and around the country. Their parents generously agreed to sponsor them for 20p per charity mile and so, in January 2011, they set off, logging all their cycle rides and by June had already reached the target 875 miles, and now have completed 1,540 miles!

Their cycling has taken them as far North as the banks of Loch Lomond, and South to Blackpool in the West. Perhaps the endurance cycling in Devon and the beautiful Exe estuary has given them plenty of stamina to complete such a challenge.

In October James and Freya presented a cheque to Andy Jong for £508 for Dentaid and spent a day volunteering at the Dentaid headquarters, seeing first-hand what happens to your generous donations - allowing aid to be sent abroad.

They had a busy day, packing instruments to be sent to Bangladesh, mailing Dentaid brochures and DVD’s, helping to move files to utilise storage and re-presenting a few questions about their challenge and volunteering at Dentaid and this can be seen on Dentaid’s Facebook page.

So watch out Jacqueline and Rob in the office, the ‘A’ team will be back!

Essex schoolboy organises charity evening for Dentaid

Fenil Gandhi is at school in Essex and has applied to study dentistry at university. His mother, Parul, a dental nurse, told him about Dentaid and he decided to organise a fundraising and they decided to support a new Ugandan project in the Sseese Archipelago to provide 12 portable dental chairs and instrument kits for outreach clinics in the rural villages.

120 students, friends and local business people attended the event at Southend High School. It was hosted by Parul and the delicious three-course Indian meal, (supplied at half price by a caterer/friend of hers) was served by students wearing Dentaid T-shirts. A raffle was held and the donated floral arrangements were sold to raise more money. A total of £1001 was raised! Thank you, Fenil and Parul!

One of Dentaid’s volunteer speakers, dentist Rowena da Rocha, gave a PowerPoint presentation about the SHED (Sseese Health Effort for Development) project and another aspiring dentist, gap year student Priyanka Patel, gave a first-hand account of her recent India Trek trip with Dentaid in September.

Youngest member of the India Trek team

Priyanka was the youngest member of the team that went to India in October to trek the West Bengal Mountains and to spend some days assisting at a Dentaid project in Kolkata.

She writes: “I went on the trip to try a new experience and to get a different perspective on life, and this volunteer work did just that. From seeing how hard the tea pickers of Darjeeling tea worked for as little as 100 rupees a month and with the sights of people sleeping on both sides of the road, it really hit home as to how much we as a country take for granted things like the NHS.

“ As soon as we set up the dental clinic we had children and parents waiting eagerly outside the door to be treated. Not having any dental qualifications, I was apprehensive as to how much I could do; but it was great to see that I was able to somehow converse to a variety of people that spoke a completely different language, and to others that didn’t speak or hear at all.

“Seeing the appreciation from the people that I was informing about how to brush, what foods to avoid etc, was so fulfilling and gave me such warmth to know that I was a part of helping people to have a better quality of life by improving their oral healthcare.”

About the charity

Dentaid has just heard that the first consignment of four portable chairs and kits has arrived safely at SHED in Uganda. Do look at our website. You will find full details of current and completed projects, how to donate equipment; volunteering opportunities at home and abroad and much more on www.dentaid.org
Hello again. So, you’ve decided that you can or can’t change the world. You’ve decided what you are going to focus your time on. Now you need to fight your next challenge, something that comes along every day. Stress.

People say that dentistry can be a stressful job. You’re sat there, on your fourth impression for a crown you are having to remake, because the one sent to you by the laboratory doesn’t fit. You are running 40 minutes late, you’re autoclave just broke down and your receptionist has phoned in sick. To top it off, a letter of complaint arrived that morning, and you have a heart sink patient booked in that afternoon. Not your typical day in the office admittedly, but how would YOU handle such a day?

People handle stress in different ways:
• Some people shout and scream, and throw things around the room
• Some people go home at the end of the day and drink a bottle of wine to try and cope, but this gives only temporary relief
• Some people suffer health wise as stress destroys their system
• Some people don’t let it bother them. They seem to glide through life like a sailboat in a gentle breeze.

Which one would you prefer to be? We all know of the dental practitioner who throws a fit at the slightest provocation, even in front of patients. We have all heard of the dentist who routinely storms out of the practice, who shouts at his staff, and who has holes in his surgery walls from where the Luxator became firmly embedded. Some of us know these people because we are that person. A leader should not do this. A leader must always mask the true feeling behind an exterior of calm serenity. You think your job is stressful? Your job is only as stressful as you make it.

Going home to disappear into a bottle of red wine is not the answer. You are not handling the stress, you are using a chemical depressant to try and ignore the negative feelings associated with it. This works for a while, but eventually you will find yourself in a worse situation. You won’t be sleeping properly, and your health will deteriorate rapidly. You will be physically less able to deal with stressful situations, and a vicious circle will be created. Ask the BDA what percentage of dentists abuse alcohol and other drugs, and you will see what I mean. Things have to change. If stress is ruining your life, it’s time to seek professional help. Not only that but it’s time to start exercising and eating well.

That all being said, an important way of dealing with stress is to change the way you talk to yourself. That little voice that chatters in the back of your mind, during the day and in the dead of night when you lie there awake, worrying your worries:
• Why does it always happen to me?
• I don’t deserve this?
• What if X happens?
• Why am I so busy?
• Bloody [CENSORED] technician
• How will I pay my bills?
• Oh not Mrs Smith again!

This little voice is your means of communicating with yourself, and is yours to control, should you choose to. Unfortunately, it is like an undisciplined child who likes to run rampant through the department store of your mind. It’s time to tame the voice.

• Some people suffer health wise as stress destroys their system
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Stephen Hudson concludes his looks at choosing your battles
Periodontal Disease

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- conditioning of the root surface and enhanced connective tissue attachment
- improved healing through inhibition of degradative collagenases
- effective treatment of chronic periodontitis which has been associated with cardiovascular diseases

Information about adverse event reporting can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Blackwell Supplies Moderno House, Gillingham, Kent ME8 0SB or by telephone: 020 7224 3725.

Dentomycin abridged prescribing information. Please refer to the Summary of Product Characteristics before using Dentomycin 2% w/w Periodontal Gel containing minocycline hydrochloride equivalent to minocycline 2% w/w. Each dispensible application contains minocycline HCl equivalent to 10mg minocycline in each 0.5g of gel. Uses: Moderate to severe adult periodontitis as an adjunct to scaling and root planing in pockets of 5mm depth or greater.

Dosage: Adults – Following scaling and root planing to pockets of at least 5mm depth. Gel should be packed into each pocket to overflow. Applications should be every 14 days for 3–4 applications (i.e. 10.5–15 weeks). This should not normally be repeated within 6 months of initial therapy. Use only one applicator per patient per visit which should be wiped with 70% ethanol between applications to each tooth. Avoid tooth brushing, flossing, mouth washing, sialoging or drinking for 2 hours after treatment. Elderly – As adults, caution in hypertensive or severe renal impairment. Children – contraindicated in children < 12 years.


About the author

Stephen Hudson is a Dental Practice owner working in Cheshunt. He qualified in 1991, he soon realized that the way most dentists treated their dentists was slowly killing them, and decided he needed to try and do something to reverse this trend. This was why he set up the website www.gdpresources.co.uk.

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Feature 15

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People are free to post their comments online

The internet has presented many opportunities to the world. Nowadays people can simply type a phrase into a search engine and gain a wealth of information on most topics. If the information they need isn’t already available, they can ask a question on a forum and benefit from the knowledge of people who they have never even met. However, with the free sharing of information online comes risk. If people have a negative experience in any area of their life, they can simply go on the internet and share it.

And it isn’t just large companies who can face the wrath of the public online. Dental professionals too may find that they are the subject of online criticism. Websites such as NHS Choices were designed specifically to allow NHS patients to express their opinion about their experience of NHS treatment and this can mean both the good and the bad. Additionally, social networking sites and other online forums provide patients with a similar opportunity, and, when faced with negative comments made in the public domain, it can be difficult for dental professionals to know what to do.

Responding to online criticism

It is natural for a dental professional to feel angry, frustrated or upset when they see comments about them or their practice online. The comments may present a very one-sided view of a situation and it may be tempting to respond. However, it is important to think very carefully before deciding to respond to negative online comments.

Some practices embrace patient’s online feedback, responding positively to their comments and apologising if they are not happy with the service they have received. Any response must preserve patient confidentiality, and should not appear in any public forum. If a dental professional or practice does decide that a response is warranted, it should be in line with the NHS complaints procedure, which emphasises the need for practices to be open and honest. Patients should be encouraged to get in touch with the practice if they have not done so already so that the complaint can be addressed formally using the practice complaints procedure.

In some circumstances, a practice may consider online posts to be completely untrue or abusive in nature and may want to have the posts removed. On independent forums this may be difficult but any concerns should be raised with the moderator of the website who will be able to assess if there is anything that can be done. The NHS Choices website sets out clear guidelines on what can and can’t be posted and requests that if a post is considered ‘offensive or unsuitable’, then a moderator may remove the posting. If a dental professional or practice complains to a website moderator, it is important that they are cautious about what they say and ensure that they do not reveal any confidential information, either directly or through omission or inference. Simply identifying the post in question should be enough for the moderators to investigate whether or not it breaks the sites guidelines and so can be removed.

To remove or not to remove

The decision whether or not to attempt to have a post removed from a website will ultimately fall to the dental professional or dental practice and will depend upon the content of the post in question. It is important to consider that attempting to have a post removed may inflame the situation further, potentially making the patient more angry and more likely to escalate their complaint. They may then choose to post the comments on other forums or websites mentioning the fact that the dental professional or practice has attempted to ‘silence’ them. Alternatively they may complain formally to the GDC, to the Dental Complaints Service or to the NHS, or bring a civil claim for negligence.

It is understandable for a dental professional to desperately want negative comments to be removed, but this must be balanced against the fact that it may draw further attention to the matter. With this in mind, it may be wise to consider an alternative way of responding.

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About the author

Rupert Happenbrouwers is head of the DDU. He is a former general dental practitioner and was Director of the School of Dental Hygiene at University College Hospital from 1980 to 1996. He has lectured and written widely on risk management and dental legal matters and has a particular interest in clinical negligence and dental care professionals. He is currently Chairman of the UK Dental Law and Ethics Forum.

Freedom of internet speech – what to do when a patient voices their opinion online

Rupert Happenbrouwers discusses dealing with public criticism

The internet and social networking websites have made it far easier for people to communicate. In many circumstances this can be great, allowing like-minded individuals to share information with each other at high speed. However, it can also cause problems. What happens if a dental professional discovers that a patient has aired their frustrations over treatment or service online? Rupert Happenbrouwers, Head of the DDU, discusses how best to deal with criticism when it appears in this very public domain.

The internet has presented many opportunities to the world. Nowadays people can simply type a phrase into a search engine and gain a wealth of information on most topics. If the information they need isn’t already available, they can ask a question on a forum and benefit from the knowledge of people who they have never even met. However, with the free sharing of information online comes risk. If people have a negative experience in any area of their life, they can simply go on the internet and share it.

And it isn’t just large companies who can face the wrath of the public online. Dental professionals too may find that they are the subject of online criticism. Websites such as NHS Choices were designed specifically to allow NHS patients to express their opinion about their experience of NHS treatment and this can mean both the good and the bad. Additionally, social networking sites and other online forums provide patients with a similar opportunity, and, when faced with negative comments made in the public domain, it can be difficult for dental professionals to know what to do.

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I will have suffered a bad experience’s reputation for empathetic and can help build a practice way to dispelling such anxieties neatly and carefully will go a long way. Ultimately a local, delivered double fear of pain and the injection, the anatomical area; infiltration varies according to the technique and the anatomical area; infiltrations in the posterior maxilla can be almost imperceptible while those in the anterior region or palate can be very tender and much of the pain can be caused by tissue tearing especially in the tightly bound periosteum of the palate.

There are many techniques for delivering good local anaesthetics that also help calm anxious patients and while it would be easy to dismiss some of these techniques as mere placebo, I firmly believe that patients have the right to be pain free and, as clinicians, we have a duty to fulfill that whenever possible.

Topical anaesthetic
Studies suggest that the most significantly beneficial factor in using a topical anaesthetic gel is that it helps relax and reassure patients. Although there is some superficial numbing from the gel being placed against the mucosa, the level of penetration is small and of course, there is also the potential for allergy. However, many patients ask for a topical and it may help relax them. Indeed, some dentists often place a few drops of local and wait before giving the full anaesthetic.

Needle-free systems
It is the needle itself that is the most common, overarching reason for patient anxiety about injections. Needle-free devices have been developed and are used effectively in other forms of medicine but the problem with dentistry is that the anaesthetic has to penetrate bone, so it has to be delivered under higher pressure. The inject system developed for children some years ago, proved unsuccessful as the actual delivery was quite a shock and there could be prolonged bleeds.

Slow injection with low pressure
In my opinion this is the key to delivering great locals for the very simple reason that injecting very slowly into an area that is numb can cause very little discomfort. This really is a drip approach as a few drops are injected before the needle is advanced a millimetre or two followed by another few drops. Slowly, slowly advance the needle until it is in the ideal location. I usually wait a short while before giving the full local. Giving a slow injection very calmly also prevents cardio-vascular problems from giving a local too fast. The Wand, a computer assisted local anaesthetic delivery system, can help administer very slow locals under low pressure.

Whatever techniques you use, the most important aspect of delivering a local is to calm and reassure the patient, listen to and empathise with their anxieties then inject calmly and slowly making sure you allow plenty of time for the anaesthetic to work.

Patients tend to have fear and pain of injections
In the 25 years since I qualified, there have been incredible advances in dentistry, the equipment we use and the technology that is readily available. However, despite the media-hype for advice regarding patients or any issues raised by his articles on info@endocare.co.uk.

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A charity event: getting involved
Jane Armitage discusses ideas behind charity events

I first became involved with charity work about six years ago, since then some of our ideas have escalated and yes we have had some crazy events but the amount of pleasure we have also had has excelled, it's brought not only united this practice but also the patients and the community. On several occasions I have held City-wide events and on one occasion a transatlantic event.

If you are thinking of planning an event why not think of something that is going to make a difference. I would start now by planning my National Smile Event.

Any event needs careful planning, it doesn’t have to be on a large scale but as May will soon be here if you do intend to support BDHF now is the time to come up with ideas and get the team involved.

We have participated in this event as a practice for several years, but last year I wanted to do something different than the usual drawing competitions, attending the Mall etc. Last year I asked the Lord Mayors, permission to hold an event outside the Town Hall Sheffield being in my opinion prime spot.

This idea soon began to develop into a big City event. Football clubs was involved, the University, Radio Stations in fact if a big name appeared in our local paper I contacted them... I wanted their involvement.

I contacted all relevant departments and was granted a licence to hold the event, the City donated a covered stall, a licence was granted for the collection of monies, I approached as many Companies as I could asking for dental samples, local Businesses also participated by offering raffle prizes. Sheffield United Football Club donated a signed team shirt and game tickets.

Everything was falling into place, I had contacted Dental Companies for donations and then dental samples arrived!!!! Oh my!!! where was I going to store these. I had that many samples they lasted all day and I have sufficient for our next campaign. Plus I gave so many away to a charity that was going to a third world Country.

Team event
This is always a team event, we hold meetings to discuss ideas and suggestions and together we draw an action plan.

Last year the event was carried out by using two teams, one promoting NSM whilst the other maintained the surgery clinics, halfway through the day we swopped over. You still have to remember you are a business so try to ensure you are still priding
At last! ... independent proof that The Dental Directory gives High Street Dental Practices the very best prices!

The Dental Directory has long said that it offers High Street dentists the very best overall pricing compared to all other dental dealers. **Now, at last, this can be proved with independently produced evidence!**

The Dental Directory, along with all other major dental dealers, submit their sales out data every quarter to an independent research company, Strategic Data Marketing LLC. They then analyse all of the data on behalf of the large dental product manufacturers.

There can be no doubting this independent data as the prices come from each dealers own sales ledgers.

Strategic Data Marketing LLC. compared the final selling prices of 25 top-selling branded products from the categories shown below. These are the final prices charged to customers, **after all discounts and promotions have been applied**, and they found that The Dental Directory were an average of 5.2% cheaper than their competitors.

Charity events can really make a difference.

**Charity events can really make a difference.**

Just try it, you have nothing to lose. [Image]

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Couple this pricing research with free next-day delivery, massive stock holdings and a daily order fulfilment rate of 99.2%, and you can see why thousands of dentists choose to buy from The Dental Directory.

If you want one reliable, single source of supply for all of your professional dental products, you can trust The Dental Directory to deliver on price and service.

Call FREE today on: **0800 585 586** or visit: www.dental-directory.co.uk
Some words resonate when you first hear them. Extrinsic had that effect on me. I’d heard intrinsically before but not extrinsically. The Oxford English Dictionary definition of extrinsic is: coming or operating from outside; not part of the essential nature of something.

I sometimes discover that dental practice marketing is conducted extrinsically. The practice owner brings in a marketing consultant, they work up an excellent marketing plan and it is enacted with very little, if any, involvement of the rest of the team.

I’m not picking on dental practice principals. Similar ‘disconnects’ happen in many other areas of businesses. How many times have you mentioned a widely (and expensively) advertised promotion to a sales assistant to be met with a blank look? Marketing consultants may argue that the advertising message is not aimed at the social-economic groups into which a company’s sales assistants are grouped. True, but aren’t the staff an essential part of all marketing strategies? I think so.

Returning to dental practices, I’ve come across instances of tooth whitening offers being advertised on a website without the reception staff knowing – making for an awkward conversation when they get the first telephone enquiry. Oh, so this article is another roasting of that old chestnut good communication? Er, no!

Merely putting a ‘sticky’ on the receptionist’s computer saying ‘10% off Botox today’ does not count as involving your front of house (FoH) team. What does count is making them feel like and act as ambassadors for your practice.

They speak with more potential and actual patients than you do, they have longer conversations, they answer questions and resolve queries, they handle the patients’ money and sort them out appointments at convenient times. Hey, they probably have more of a social life than you do and meet more potential patients! Think of them as ambassadors and already your marketing plan starts looking better.

Before you even contact the dental marketing consultant, kick around some marketing ideas in a team meeting. Your front of house staff should be able to say where potential patients learn about the practice and what questions they ask. This information could steer you towards advertising on Yell.com, social media, local newspapers or on the sides of buses. It could help you with your main marketing messages – Anywhereville’s friendliest dental practice; Children welcome at AN Other Practice; We open on Saturdays etc. You’ll want
to monitor the effectiveness of your marketing and, again, the FoH staff can help. How easy is it to ask callers where they heard about the practice? Do callers give precise or vague answers? Is it better to give them a choice of, say, three places – from a friend, the website, elsewhere? What, if anything, do callers remember from your advertisements? And is it all just so manic on the reception desk that another way of monitoring the effectiveness of marketing should be found?

Forearmed, you can now work with your marketing consultant. The best ones I’ve come across are not content to remain huddled away with the practice owner and, perhaps, the practice manager. They tour the practice and talk to team members (and patients). They get a feel for the type of enquiries received and the sorts of questions patients ask.

Once you have a draft marketing plan, it’s time to involve your whole team again, including the FoH staff. Not only do you want their comments and feedback but you also need their engagement. Give them marketing messages they can’t believe in and they’ll sound like the employees of large corporations reciting words as required by faceless head office staff. Think: “Have a nice day,” “Please wait and the hostess will seat you,” et cetera, ad nauseam.

FoH staff don’t need a copy of the full marketing plan but they do need an itinerary of key events – dates advertisements are to be placed, for example.

They should also be told (in good time) when special offers are available. We all like to hear a bit of inside information so if, for instance, a patient is chatting at the reception desk and tooth whitening is mentioned, a receptionist could say (with emphasis): “I’d make sure you look on our website tomorrow, if I were you. Here’s the address.”

Similarly, they might say: “It’s Mouth Cancer Action Month starting soon and we usually have special offers for that.”

I’m sure your marketing plan will include posting news regularly on your website and social media pages. Unless you have daily ‘huddles’ (short, informal meetings for staff, including the FoH team, with, say, the practice manager, business manager and patient coordinator) communicating these postings could be time-consuming and problematic. I suggest you encourage FoH staff to (briefly) check your website and/or social media pages online at least once a day. News that the practice raised £300 for a local charity recently or a posting on social media by a satisfied patient can be turned into marketing messages by FoH staff enthused with their ambassadorial role.

A feedback loop is desirable if not essential. You need to know the reaction to your advertisements, marketing messages, news items on the website and so on. The FoH staff are well placed to do this but, as mentioned above, may not have the time (are you missing out on good patient communication if you don’t have sufficient staff resource on the front desk?) to question patients and callers. Nevertheless, you should ask for their feedback at staff meetings. If during the month after an advertisement was placed in a local newspaper no callers mention it, did it contain the right message? If you always promote discounted tooth whitening on Wednesdays via Twitter and there’s no discernible increase in the number of enquiries on that day, maybe that’s not working.

More positively, if FoH staff notice a sudden increase in enquiries about, say, tooth alignment could this be the result of a television programme, an article in Hello! magazine or recent tweets? Maybe you need to market your ability to undertake tooth alignment...
You’ll never look at toothpaste the same way again...

Introducing Oral-B PRO-EXPERT
One toothpaste with the benefits of many.

The first and only toothpaste with a breakthrough formulation of **stabilised stannous fluoride and polyphosphate**. The combination amplifies its antimicrobial, anti-sensitivity and acid erosion benefits. 15 years of research and over 70 clinical studies have helped validate this latest toothpaste innovation.

To learn more, visit us at [www.oralb.co.uk/professional](http://www.oralb.co.uk/professional)
Reasons to be cheerful - the banks ARE lending

Lis Hughes discusses the difference between market perception and market reality

Banks’ and ‘good news’ are words that are rarely nowadays used in the same sentence – but it is true, contrary to popular belief the banks ARE actively lending to the dental profession.

There is though a BIG difference between market perception and market reality. The doommongers out there would have us all believe the banks have simply shut up shop and indeed any flick through the pages of the Daily Mail or Express would back up this view.

Market reality however is very different. There are now more high street banks than ever before who will lend to dentists who wish to purchase a practice.

At last count there are nine banks who understand dental practice goodwill and will lend for a new practice purchase – be it leasehold or freehold. Can you name all nine???

Coupled with this there are at least 10 specialist asset purchase lenders who will be able to assist with equipment and potential refurbishment costs.

The UK banks actually have an edict from the Government to lend and with the dental industry being one of very few so called ‘Green Light’ sectors they are being actively encouraged to lend.

All banks though are different – each has their own preference as to the type of practice they will lend on and have differing credit and lending policies and it is difficult for the individual dentist to know the best bank to approach for the best chance of securing a positive response.

Even with individual banks it can still be down to chance – whilst it may be the right Bank you may be approaching the wrong manager who simply does not understand the dental profession.

You may strike lucky and find both the right bank and the right manager - but how do you know they are offering you the best possible proposal? Remember the banks are tasked with maximising the returns on any borrowing.

At last count there are nine banks who understand dental practice goodwill and will lend for a new practice purchase – be it leasehold or freehold. Can you name all nine?'

The banks are lending in the dental profession

Frankly Speaking

Raising Finance?

DO engage the services of an independent firm to liaise with the Banks on your behalf – will ensure proposal is packaged for best chance of a positive response and also to negotiate best terms.

DO ensure you provide an accurate summary of your current position including all savings and existing borrowing.

DO ensure your CV is up to date with particular focus on any past Managerial experience.

DO expect the Bank to want you to put down a contribution towards the purchase.

DO undertake your own research of the local area and find out why the current owner is selling.

Tel: 08456 123 434
01707 653 260
www.ft-associates.com

About the author

Lis Hughes is a Director of Frank Taylor and Associates and works specifically with the clients as the transaction proceeds through the sale and purchase process. A recognised voice of authority on what is happening in the dental sector, Lis will be providing an update on CQC and the impact of good compliance on the valuation of a practice.

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Managing expectations
Michael Sultan on complex attitudes, hopes and fears

Somewhere among the ever shifting sands of success and failure lay outcomes and expectations and if we’re lucky, they may overlap. As clinicians, we’ve all found ourselves in that uncharted territory when the realisation dawns that our assessment of a successful treatment outcome is a million miles removed from the patient’s expectations.

Understanding and managing expectations is paramount, underlined by the 2005 OFT report that stressed the importance of good communication in achieving patient satisfaction, and subsequently reinforced by CQC regulations that require documentary proof of informed patient consent. Expectations are bound up in rationality and emotion, complex attitudes, hope and fear. At a very simple level, rational expectation is determined by what is likely to happen – if you drive at 100mph towards a brick wall, it is very likely that you’ll hit it. In other words, by removing the uncertainty that would otherwise mean the car colliding with the brick wall would be a complete surprise, we are effectively managing expectations. However, when emotional expectation becomes belief about what may happen in the future, disappointment is a frequent outcome.

As ever, the media and advertising especially have much to answer for by bombarding us with images of physical perfection in order to sell anything from cars to cosmetic dentistry. Because most of us have realistic expectations, we know perfectly well that buying a particular vehicle is not going to put us on a par with George Clooney as soon as we turn the ignition. But, when an idyllic beach front hotel turns out to be a building site, we will complain not just because it didn’t meet our expectations but it is not what we were sold. Therein lies the conundrum – the ‘contract’ between dentist and patient that is so much more than the simple exchange of money for treatment or services.

The term ‘psychological contract’ was adopted in the 1960s to describe the relationship between employers and employees, but in some ways it could equally well apply to the relationship between dentists and patients because the expectations of both parties will include beh-
haviour; does the patient take advice, carry out actions to improve their oral health or aid recovery? Does the dentist pay attention to the patient’s expectations, their anxiety about pain and fear?

When a patient is referred for specialist endodontic treatment, there are several layers of expectation; the patient’s obviously, their referring dentist and the endodontist. One of which sounds eminently straightforward except that it is at this point that the information one gives can alter a patient’s expectations which may well be necessary if they appear unrealistic.

With all pain there is the emotional component of anxiety that always needs to be addressed sympathetically. The patient needs to understand how anaesthetics differ, that with infected teeth and swelling, unless there has been good drainage, pain is likely to persist until the treatment or antibiotics begin to work; that low grade pain from bruising is likely, and that there is never a 100 per cent guarantee of success.

Because they are invariably referred while in pain, patients are more concerned with immediate relief than the longevity of the treatment but it is our duty to explain that while endodontists can root fill most teeth there may be little long term benefit if the tooth cannot be restored. If that is the case or there is further coronal leakage, the tooth will fail and the patient has to be made aware that for treatment to last the restoration on top is as important as the root filling.

It is a natural human response to want to reassure that ‘all will be well and the pain will go away’ but we serve our patients and our profession far better by honestly managing expectations.

Endodontics is difficult, time consuming and expensive but patients are fully entitled to expect that they will be treated well, comfortably and efficiently. It always hopes - but never assumes - there will have been several consultations to lay the foundations of what can be expected in terms of treatment and outcome, before the patient reaches the specialist. Once they do reach us, then we must assess and manage the expectations they arrived with, although I do draw the line at following a cosmetic clinic that employs a clinical psychologist to interview patients to avoid problems in the future.

Endodontics is difficult, time consuming and expensive but patients are fully entitled to expect that they will be treated well, comfortably and efficiently, that their pain will be alleviated and the cost and longevity of the treatment will be fully explained to them. All of which sounds eminently straightforward except that it is at this point that the information one gives can alter a patient’s expectations which may well be necessary if they appear unrealistic.

About the author

Dr Michael Sultan BDS MSc FICD is a specialist in Endodontics and the Clinical Director of EndoCare – London based specialist practices. Michael qualified at Bristol University in 1986. He worked as a general dental practitioner for five years before commencing specialist studies at Guy’s Hospital, London. He completed his MSc and in Endodontics in 1993 and worked as an in-house endodontist in various practices before setting up in Harley St, London in 2000. He was admitted onto the specialist register in Endodontics in 1999 and has lectured extensively to postgraduate dental groups as well as lecturing in Endodontic courses at Eastman CPD, University of London. For more information about EndoCare please call 020 7224 0999 or visit www.endocare.co.uk.
A mission to remember

Jenny Lees reveals the adventures of Dentanurse

Dentanurse has often been approached to supply the dental first aid kits to adventurers traveling to parts of the world where dentistry is impossible to obtain. The Dentanurse first aid kit for teeth has been taken on round the world yacht races and into the jungle by Operation Raleigh and this February a Dentanurse kit was taken on an expedition to The South Pole.

The Dentanurse kit was recently included in the equipment taken to the South Pole by Dr Ian Davis, a Cotswold based GP. Ian has been the doctor responsible for polar medical safety on two trips to the magnetic North Pole for the BBC (once with Dr Michael Stroud and once for the BBC programme Top Gear). He has also been polar advisor to the Discovery Channel presenter Bear Grylls.

Dr Davis is one of the contributing authors to the polar medicine chapter in “Wilderness Medicine” regarded by many as the definitive textbook for practicing medicine in extreme environments and he also edited the polar medicine chapter in the “Oxford Handbook of Wilderness Medicine”. It was therefore very gratifying to have the feedback from Dr Davis that he’d used the Dentanurse kit in temperatures of minus 45 and it had worked well.

The expedition to The South Pole this February was to commemorate the centenary of the historic race to The Pole between Scott and Amundsen. Coincidentally it was on a snowy ski slope that the concept of “Dental First Aid” came to Dental Surgeon Tony Lees when he lost a filling in freezing temperatures. Returning to his hotel he tried to seek help from the local dentist only to be told that the dentist had broken his leg skiing. Tony then set out to locate a pharmacy in the hope of purchasing some zinc oxide and eugenol to make his own repairs but had no luck with this either. He spent a miserable week with an exposed nerve being subjected to the contrasting temperatures of the chilly slopes and the warm hotel.

Returning home he reasoned that many holidays must be ruined by what is one of the most common dental accidents…the lost filling!
It was 1985 and a quick search revealed that the only dental first aid kit was one put together by NASA for space travel. So Tony set about making his own and the Dentanurse First Aid Kit for teeth came into being. This involved a steep learning curve with visits to plastics factories to discuss and design the components and learn about ‘medical grade’ plastics then on to pharmaceutical packagers. The pastes had to be formulated to be ‘lay-person’ friendly and as a Dental Surgeon Tony wanted a paste that would always ‘deform under the bite’ so as not to create further problems when first aid was applied. The Dentanurse First Aid Kit for teeth is an entirely British made product, from the idea on the ski slope, to the first kits going into Boots Chemists and dental surgeries.

Tony wondered what the reaction of his own profession would be to the kit but he need not have worried for when the kit was first shown and demonstrated at a dental exhibition the support from the profession was overwhelming and dental surgeons were soon selling the kit through their dental surgeries. This was the time of AIDS and Hepatitis B and the Government was urging people not to seek dental treatment when travelling abroad. The kit was a very necessary item for those travelling, especially to countries where sterile supplies were in short supply. Nowadays the Dentanurse kit is an important item for home use as well as for travellers. Anyone dislodging a Crown late on a Friday evening need not spend the weekend embarrassed and unable to smile; a quick trip to Boots, a Lloyds chemist or ASDA will restore their smile until they can seek professional help. There are clear instructions for use and the unique paste in the kit will re-cement a dislodged Crown and the same mix when left to set will make a temporary filling. There is enough paste to make approximately six pairs. The kit is purely temporary and it is stressed in the instructions that professional help must be sought as soon as possible.

The Dentanurse kit was invaluable on a recent holiday to the Cape Verde Island of Boa Vista. Tony complained loudly that there was something ‘hard’ in his food and looked somewhat sheepish when one of his Crowns clinked on to his dinner plate ...not a very appetising sight for the fellow diners! Thankfully in the suitcase was a Dentanurse kit that had travelled the world with us for many years. Back in the hotel suite Tony mixed the two pastes together (as per the instructions that he had written himself) and re-cemented the Crown, thus saving any damage to the tooth and any further embarrassment.

So whether you are on a deserted island or following in the footsteps of Robert Falcon Scott you need to pack a Dentanurse Kit if you are going out and may be some time!

www.dentanurse.com
If you are considering selling your practice, it may be worth starting procedures involved and negotiate though a solicitor. If your lease is not a head lease ie you are not the freeholder, it often benefits the landlord to have a tenant tied in for longer, making your practice more saleable. It often benefits the landlord to have a tenant tied in for longer, making your practice more saleable.

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EndoCare is pleased to announce it is available from Clark Dental and has extensive experience in lecturing and clinical training. Our expert clinical team were always helpful, courteous and professional. They made me feel comfortable and nothing was too much trouble for them. “We can set up a case and the patient will come in on that day and leave with a new smile”.

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**The London Smile Clinic - open for referrals**

Raf is the lead advisor in the London Smile Clinic and he is also the lead advisor in the London Smile Clinic. He offers a wide range of procedures including cosmetic dentistry, implant dentistry, orthodontics, restorative care and periodontics. RAF is the lead advisor in the London Smile Clinic and he is also the lead advisor in the London Smile Clinic. He offers a wide range of procedures including cosmetic dentistry, implant dentistry, orthodontics, restorative care and periodontics.

For more information, please contact 020 7255 2559 or visit www.endocare.co.uk - refer your patients will be glad you did

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