CQC announces regulatory fees update

Regulator decreases fees for some location bands

Following two consecutive consultations on the fees that it charges to health and social care providers, the Care Quality Commission (CQC) has announced changes to its fee structure and the amounts that certain providers have to pay under the Health and Social Care Act 2008. These have been approved by the Secretary of State for Health.

The fees reflect government guidance to CQC that it must recover the costs of regulation from providers.

The responses received to both consultations have led to the following changes in the fees that CQC charges providers. These included:

- Bringing providers of out-of-hours services, who will be registered from 1 April 2012, into the scheme using the same bandings and fees scale as for Dental and Independent Ambulance Services providers.
- Reducing the lowest banding for the category “Adult Social Care providers without a commodation” from £1,000 to £720.
- Reducing the charges for the third and fourth bandings for the category “Dental and Independent Ambulance Services” providers.

CQC chief executive Cynthia Bower said: “Our approach to fees is based on fairness and on raising only as much income as we need to cover the costs of regulation. We have listened to what providers have told us during both these consultation and have made changes to address concerns and make the fees that we charge transparent and as proportionate as possible.”

Later this year the CQC will be launching another consultation about its longer-term fees strategy from 2015/16, which will include specific proposals for fees for 2015/14.

These proposals will be for providers of NHS general practice and other primary medical services who will be registered with CQC from 1 April 2013, as well as potential changes to fees for independent healthcare providers.

The banding and fees scale for services that provide dental services, independent ambulance services or out of hour’s services are determined with reference to the number of locations at or from which those services are provided. The fees are as follows:

<table>
<thead>
<tr>
<th>Number of locations</th>
<th>Fee payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>£800</td>
</tr>
<tr>
<td>2 to 5</td>
<td>£1,600</td>
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<tr>
<td>6 to 10</td>
<td>£4,000</td>
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<tr>
<td>11 to 50</td>
<td>£10,000</td>
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<tr>
<td>51 to 100</td>
<td>£24,000</td>
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<tr>
<td>More than 100</td>
<td>£48,000</td>
</tr>
</tbody>
</table>

Regulator decreases fees for some location bands.
The government has announced a £4m for innovative solutions to tackle healthcare problems.

The competitions will be run through the Small Business Research Initiative (SBRI) process and are open to all organisations not just those in the health sector.

## NASDAL comments on the Budget

**High earning dentists**

The announced marginal rate of income tax will be cut to 24 per cent next year and will fall 22 per cent from 1 April 2014. The small company rate remaining at 20 per cent.

**Overweight students are risking losing their teeth**

A study, undertaken in Japan, has looked at the oral and health and eating habits of more than 800 university undergraduates, and compared the levels of gum disease between students who were classed as overweight, normal weight and overweight.

The findings are food for thought for around 450,000 students who start university in the UK each year. Current estimates suggest that over one in four young people aged 16-24 are classed as overweight in the UK, and potentially at greater risk of gum disease and tooth loss.

Chief Executive of the Foundation, Dr Nigel Carter, said: “Starting University is an exciting time for every student, but perhaps not for their oral health.

“One of the key ingredients to good oral health is a balanced diet, something which many people who have gone through university will admit to foregoing.

“The myth about the higher cost of healthy eating is one the DHFH believes must be overcome in order for good habits to become the norm, and Nigel Carter believes there’s a perfect opportunity around the corner to do just that.

“National Smile Month is an ideal opportunity for colleges and universities to urge students to think about what they’ve eaten throughout the semester and how they can put it right not just during the campaign, but ensure that a good, balanced diet remains part of their lifestyle.

“Whether it’s a healthy can-teen on campus grounds or an initiative from one of the many dental schools, promoting a better diet to combat weight problems and improve oral health can make a difference.”

**ADP implant courses for dental nurses**

Due to the resounding success following the launch of the ADI Dental Nurses’ Course last year, the ADI is continuing the Original Dental Nurses’ Course for 2012 and has created an Advanced Dental Nurses’ Course.

**The competitions will be managed by NHS London and NHS Midlands and East.**

Businesses can find out more about the competitions by attending a briefing session, held in London on 12th April. More details are available at www.innovateuk.org.uk/SBRI.
Editorial comment

Time really does fly when you are having fun! Here we are, mid April already and conference season is rapidly approaching. I will basically be living from a suitcase over the next few weeks as trips to Manchester et al beckons.

A bit closer to home, 18-19th May sees the much anticipated Clinical Innovations Conference, held at the fabulous Millennium Gloucester Hotel in London. With a top line-up of speakers such as Nasser Barghi and DT contributor Mhari Coxon, attendees are assured of a lively thought-provoking conference and plenty of networking opportunities.

Of course no self respecting conference would be complete without a party, and the Clinical Innovations Conference is no exception! The organisers have teamed up with charitable association the AOG to present a charity ball with all the glitz and glamour you’d expect. Proceeds from the event go towards the AOG Chitrakoot Project, providing dental care to families in the Indian village of Chitrakoot and its surrounds.

For more about the Clinical Innovations Conference, go to www.clinicalinnovations.co.uk or call 02074088889.

Cradle to grave

The 2nd John McLean Honorary Symposium has been organised in order to increase the funding of The John McLean Fellowship, which was formed in May 2010 to not only fund academic and clinical research, but also to honour John for his contribution to dentistry.

During his lifetime John achieved international renown as a highly regarded dental practitioner, scientist, author and keynote lecturer. His work was underpinned by a passion for science and astute insight of trends in dentistry and it is without doubt that his contribution to his fields of special interest and expertise in dentistry cannot be underestimated.

The theme of this year’s meeting is “Dental Health: Cradle to Grave” and will be held in the new seminar suite at Castle View Dental in Windsor on Friday May 4, 2012. The suite can seat a maximum of 55 delegates so early booking is advised to avoid disappointment.

Speakers include Edwina Kidd; Jim Page; Cheryl Butz; Ian Needleman; Tim Watson; Mike Wise; John Besford and David Winkler.

The goal is to raise a minimum of £15,000 for the McLean Fellowship.

A minimum donation of £300 to the John McLean Fellowship is suggested to secure your place for this unique event. Your donation will help promote and nurture student research in dental materials and enhance the opportunities available to those beginning their career in this vital aspect of dentistry.

Contact David Winkler at david@castleviewdental.net for more details.

Two ingredients that make Colgate Total one of a kind.

Clinically proven non-stop 12-hour antibacterial protection

www.colgateprofessional.co.uk
Alcohol industry sheds a billion units

The sterilisation protocol for dental bib holders is inconsistent and can result in the presence of bacteria such as pseudomonas and micro-organisms, researchers from Germany have proved. In a study, they found bacteria on more than two-thirds of reusable bib holders.

The researchers at the Witten/Herdecke University in Witten, Germany, examined 50 metal and plastic bib holders.

“The analyses of the bacterial load showed that 70 per cent of all reusable bib holders were contaminated with bacteria. The predominant colony types identified were staphylococci and streptococci. On several bib chains, we also found various bacterial rods, pseudomonas, fungii and other types of cocci,” said Prof Stefan Zimmer, lead investigator of the study and scientific director at the Witten/Herdecke University. “Although the bacteria found in this study were all non-pathogenic, in principle reusable bib holders can cross-contaminate dental patients.”

The bacteria found on the bib holders do not usually cause disease in healthy people, but can be a threat to immunosuppressed patients, as well as young children and the elderly, who often have compromised immune systems. Bacteria from an unsterilised bib holder can enter the body when a patient touches the bib holder or neck after a dental visit and then rubs an eye or touches the mouth.

Cross-contamination can also occur when a bib chain is splattered with saliva, plaque, blood and spray from the mouth, when it catches as children go and accumulates the wearer’s sweat, make-up or discharge from nose acne, and if the dental worker applies a dirty bib chain with gloved hands before the examination or cleaning.

Several other studies have found similar results. Three US studies found unacceptable levels of microbial contamination on dental bib holders, including pseudomonas, E. coli and S. au-reus, the most common cause of staph infection.

Researchers find bacteria on dental bib holders

All aboard the Smile Train

A kind hearted dentist is going the extra mile for a children’s charity. Dr Greg Paysden, (pictured), who runs two dental practices - one in North Manchester and another in Salford - has set his sights on running the Wilmslow Half Marathon in a bid to raise money for Smile Train.

Formed in 1999, Smile Train is the world’s leading cleft charity providing free cleft lip and palate surgery to children in developing countries. It also provides free cleft-related training for doctors and medical professionals. To date, it has helped more than 725,000 individuals across more than 80 of the world’s poorest nations.

Speaking of his efforts to raise funds that will help Smile Train in its invaluable work, Dr Paysden said: “A lot of children affected by clefts are considered outcasts by society. This can mean they are excluded from education and overlooked for job opportunities. In worse case scenarios, some are even killed or abandoned at birth.

“It’s hard to believe that children are being treated in this way over something that isn’t their fault and can be fixed so easily. By running the Wilmslow Half Marathon I hope to gain as much support as possible and bring a smile to a child’s face.”

To contribute visit: www.justgiving.com/GregPaysden

Calories to be capped and cut

The country’s biggest supermarket markets, food manufacturers, caterers and food outlets are jointing forces to help cut five billion calories from the nation’s daily diet, the Health Secretary Andrew Lansley recently announced.

Auda, Marks & Spencer, Morrisons, Sainsbury’s, Tesco, Waitrose, Coca-Cola Great Britain, Kerry Foods, Kraft, Mars, Nestle, PepsiCo, Premier Foods, Unilever, Beekeeper (Whitebread), Subway and contract caterer Compass have all joined the fight against obesity and are leading the way in signing up to the Responsibility Deal’s calorie reduction pledge.

England has one of the highest rates of obesity in Europe and some of the highest rates in the developed world. More than 60 per cent of adults and a third of 10 and 11 year olds are overweight or obese. Consuming too many calories is at the heart of the problem.

Making commitments today to cut and cap calories are some of the world’s biggest food and drink manufacturers and best known brands. More than three-quarters of the retail market has signed up. The following examples highlight some of the initiatives being taken:

• Auda will develop a new reduced calorie brand across a wide range of products that will contain at least 30 per cent fewer calories than their core Chosen by you brand.
• Coca-Cola Great Britain will reduce the calorific content in some of its soft drinks brands by at least 50 per cent by 2014.
• Mars will cap the calories of their chocolate items to 250 calories per portion by the end of 2015.
• Morrisons will launch a range of healthier products developed by their chefs and nutritionists.
• Premier Foods will reduce calories in one third of their range by the end of 2014.
• The Subway brand has committed to offer five out of their nine low Fat Range Subs.
• Tesco is on track to remove 1.8 billion calories from its soft drinks, will expand its Fat, Live and Enjoy range of low-calorie meals and is making it easier for shoppers to spot low-calorie options.

Health Secretary, Andrew Lansley said: “Eating and drinking too many calories is at the heart of the nation’s obesity problem.

“We all have a role to play – from individuals to public, private and non-governmental organisations – if we are going to cut five billion calories from our national diet. It is an ambitious challenge but the Responsibility Deal has made a great start.”

Alcohol industry sheds a billion units

Health Secretary Andrew Lansley announced recently that a billion units of alcohol will be shed by the alcohol industry through an ambitious plan to help customers drink within guidelines.

The initiative, which is part of the Responsibility Deal, is being spearheaded by 34 leading companies behind brands such as Echo Falls, First Cape and Heineken and will see a greater choice of lower strength alcohol products and smaller measures by 2015.

Market intelligence suggests consumers are increasingly looking for lower strength wines. In the past year, demand for lower and non-alcoholic beer has soared by 40 per cent across all retailers.

Key commitments include new and lighter products, innovating through existing brands and removing products from sale. They include:

• Sainsbury’s have pledged to double the sales of lighter alcohol wine and reduce the average alcohol content of own brand wine and beer by 2020.
• 25 million units will be gradually removed from Accolade Wines including Echo Falls Rosé and Echo Falls White Zinfandel.

• Brand Phoenix - have committed to taking 50 million units of alcohol out of their wines - by reducing 0.8 per cent ABV on all FirstCape full strength red wines.

• Molson Coors, the UK’s largest brewer, has committed to remove 50 million units by December 2015.
• 100 million units will be removed by Heineken.
• Own brand super-strength lager will be removed from sale by wholesaler Makro.

• Tesco, the leading retailer for low alcohol drinks, will reduce the alcohol content of its own-label beer and cider and expand.

Health Secretary Andrew Lansley said: “The Responsibility Deal shows what can be achieved for individuals and families and alcohol-related crimes, as well as substantial savings to health services and crime costs each year.”

Chief Medical Officer Professor Dame Sally Davies said: “Drinking too much is a major public health issue. By cutting out units from many of our best-known brands, this initiative will help people to continue to enjoy a sensible drink while lowering their unit consumption.”

Estimate suggest that in a decade, removing one billion units of alcohol sales would result in almost 1,000 fewer alcohol related deaths per year; ten- thousands of fewer hospital admissions and alcohol related crimes, as well as substantial savings to health services and crime costs each year.

April 9-15, 2012
National Conference on CPD in dentistry

The General Dental Council (GDC), is holding a national conference 17 April 2012 focusing on the role of Continuing Professional Development (CPD) in dentistry.

Bringing together a wide range of speakers from across the four countries of the UK, the event will consider the themes of:

• CPD and professionalism
• Effectiveness of CPD in dentistry

KwickScreen wins prestigious prize

KwickScreen has won the best start-up business at the Lloyds TSB enterprise awards. In their newsletter, a spokesperson for KwickScreen said: “It really is a great honour to win such a prestigious prize and we are grateful for everyone’s support along the way. We only started selling the KwickScreen just under two years ago and now we have been adopted by more than 40 NHS trusts.

“Thank you everyone for your continued support, it really means a lot to us.”

A KwickScreen help provide infection isolation, improve privacy and dignity and they can even be personalised thanks to a method which means any design can be printed on the screens. According to the KwickScreen newsletter, several hospitals have brought the screens to hide unsightly equipment and to brighten up the hospital environment for both patients and staff.

The Lloyds TSB Enterprise Award was set up to show that Lloyds TSB is committed to the small and medium sized business market. It is also a way of helping to encourage new start-ups and enterprises.

The regime that shows plaque bacteria no mercy

Brushing and flossing/interdental cleaning are pivotal to oral hygiene. They displace and dislodge dental plaque bacteria that can cause gingivitis and periodontal disease. But bacteria from other areas of the mouth can recolonize on teeth quickly.

Using LISTERINE® after mechanical cleaning destroys oral bacteria effectively, killing up to 97% in vivo. This lowers the bacterial burden in the mouth and in plaque that reforms. And when used for 6 months, LISTERINE® can reduce plaque levels by up to 52% more than brushing and flossing alone. In addition, LISTERINE® Total Care products offer various levels of fluoride and other benefits to suit patients’ needs.

So recommend LISTERINE® as the final step in your patient’s daily regime, to finish the job started by mechanical cleaning.

References:
1. Barnett ML. JADA 2006; 137: 16S-21S.
2. Data on file FCLGBP0023+28, McNeil PPC.
5. The General Dental Council (GDC), is holding a national conference 17 April 2012 focusing on the role of Continuing Professional Development (CPD) in dentistry. Bringing together a wide range of speakers from across the four countries of the UK,

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Planmeca appoints South West distributor

S&S Dental Services has been awarded sole south west-based distributor status for Planmeca dental equipment.

The Planmeca tie-up means S&S Dental is now the only dealership for Planmeca dental equipment.

S&S Dental Services, based in Devon, Cornwall, Dorset and Somerset, which can deal directly with the Planmeca factory to get the best prices for these award-winning pieces of equipment.

Paul Sutcliffe, owner of S&S Dental, said: “We are delighted to be an official distributor for Planmeca. We’re a great match as they specialise in the design and manufacture of high tech dental equipment and we are known for our excellent service and extensive product knowledge.

“Dentists chose Planmeca products because they are cutting edge, not only in terms of technology, but also in terms of design. Gone are the days when surgeries look sparse and somewhat frightening. Planmeca products are very stylish and play a key role in helping to make visiting and working in the practice a more enjoyable experience for patient and dentists.”

Plymouth-based S&S Dental Services provides a one-stop sales and service shop to more than 1000 practices throughout the south west. They have been awarded the Planmeca contract because of its established reputation in the dental field.

The south west enjoys a high concentration of dental surgeries using Planmeca, so S&S Dental will be able to provide a local service to these dental clinics and practices using, as well as introducing these fantastic high-tech products to those who are looking to invest in new equipment.

For more information about S&S Dental and Planmeca, call 0844 272 4561.

Profits down, costs up in NASDAL stats for 2010-2011

The annual benchmarking statistics just issued by NASDAL reflect the wider economy in 2010-2011, the most recent year for which figures are available. Fee income is down for both the NHS and private sectors, whilst profits have fallen by nearly 10 per cent compared to the previous year and are now back down to 2005/6 levels.

Fee income has remained static but rising costs have led to a seven per cent drop in net profit. The average UDA rate paid to practices appears to have remained static at around £25 over the last three years. While the highest UDA rate paid to a practice was £44, the highest to an associate was £33.50.

Private practice fee income has continued to fall and in 2010-2011 stood at around £88,000 compared to £71,000 in the previous year. The majority of associates still enjoy a 50 per cent agreement with their principal general practitioners.

The statistics reflect the fee income of both NHS and private practices. To fit in either category, you must have a greater than 80 per cent commitment. In NHS practices, fee income has fallen by three per cent, whilst profits fell by nearly 10 per cent compared to the previous year and are now back down to 2005/6 levels.

For more information about NASDAL, call 0844 272 4561.

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