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 “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.

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 2015, as well as potential changes to fees for independent healthcare providers.

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The government has announced up to £2 million of funding for businesses to develop ideas to address some of the biggest health problems of our time.

The Department of Health has opened two new competitions with up to £2 million of funding each to develop technological and innovative solutions that can:

• Improve the number of patients taking their medication as prescribed

Obesity and alcohol related diseases and patients not taking their medication as prescribed are major health challenges. Alcohol and obesity related diseases cost the NHS over £7bn each year and between 6-10 per cent of all hospital admissions could be preventable if prescription medication was taken correctly.

Businesses are invited to come up with innovative solutions to these challenges. This could be anything from a device which helps people monitor what they eat or drink or a personalised care package to help people take their medication as prescribed.

Health Minister, Lord Howe said: “Technology and innovation have an important role to play in helping to address the healthcare challenges facing the NHS. That is why we are investing £20 million in new and exciting new projects which can make a difference to patients’ lives.

“We are offering a new way for businesses to explore, develop and test new technology before it becomes commercially available. Organisations are invited to submit their ideas which could have a real impact on patients and the NHS.”

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.

Sir David Nicholson, Chief Executive of the NHS said: “Investing in innovation is vital for a modern and efficient NHS. It will benefit the patient, the taxpayer and U.K. plc.

The Small Business Research Initiative (SBRI) is a key part of the Innovation, Health and Wealth agenda, which aims to spread innovation throughout the NHS.

“These competitions provide vital funding for businesses to explore, develop and test new technology before it becomes commercially available. Organisations are invited to submit their ideas which could have a real impact on patients and the NHS.”

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 on London on 12th April. More details are available at www.innovateuk.org.uk/SBRI.

£4m for innovative solutions to tackle healthcare problems

NASDAL comments on the Budget

High earning dentists to gain from higher income tax rates announced following the announcement by Chancellor George Osborne that the 50 per cent income tax rate on earnings over £150,000 will reduce to 45 per cent from April 2013.

This could be off-set, however, if they are buying or selling very expensive properties. Stamp Duty Land Tax on residential properties over £2 million will be increased to seven per cent from 2014.

The main rate of corporation tax is going to come down 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.

The personal allowance (PA) will rise to £9,205 from 6 April 2015, and age related allowances for pensioners will be phased out over time as the PA increases.

A cap will be introduced on unlimited income tax reliefs for anyone claiming more than £50,000 of relief. The cap on a variety of different reliefs will be restricted to the higher of 25 per cent of income or £50,000.

Overweight students are risking losing their teeth

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

The study found that students classed as overweight, that regularly ate fatty foods and rarely ate vegetables, were at an increased risk of severe gum disease likely to result in tooth loss. Students classed as underweight or normal weight were not exposed to the same risk. The study also suggested that young people who were overweight, but frequently ate vegetables were less likely to suffer from severe gum disease.

The findings are food for thought for around 450,000 students who start university in the U.K 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 that many people who have gone through university will admit to foregoing.

“The myth about the higher cost of healthy eating is one the RDHF believes must be overcome in order for good habits to become the norm. 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 of beans 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.”

National Smile Month, which runs from 20 May to 20 June this year, is the only annual reminder to look after their oral health. The campaign encourages everyone to brush their teeth and floss once a day with a fluoride toothpaste, cut down on how often they have sugary foods and drinks and to visit their dentist regularly, as often as they recommend.

Recent competition winners include Ekyona Technologies Ltd, who has developed a novel 3D wound imaging system which allows healthcare professionals to monitor chronic wounds more effectively and tailor treatment accordingly. This system is currently being sold to the NHS.

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

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ADi 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 Original One-Day Course on Dental Implants for Dental Nurses aims to increase the understanding of dental implantology to dental nurses. This course caters for the inexperienced dental nurse, offering nurses the knowledge and confidence to support the operator with surgical implant placement and subsequent restorative appointments.

The Advanced One-Day Course entitled ‘Surgical Dental Implant Procedures for Dental Nurses’ has been created for dental nurses who are experienced in assisting with implant placement or have completed the Original One-Day Course.

The course aims to examine the dental nurses’ role in assisting with advanced surgical procedures in implant dentistry. Upon completion, nurses will recognise the instruments required, the process and the indications for each of the procedures.

The courses are located in London and Edinburgh. Both courses are booking up fast, with the first 2012 London date for the Original Nurses’ Course already full. For more information visit www.adi.org.uk or call the ADI on 020 8487 5555.

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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 DF 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 Chitrakout 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 02074008889.

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 £55,000 for the McLean Fellowship.

A minimum donation of £500 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.

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Researchers find bacteria on dental bib holders

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, fungi 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, 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 onto hair and accumulates the wearer’s sweat, make-up or discharge from neck 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. aureus, the most common cause of staph infection.

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 alcoholic wine and reduce the average alcohol content of own brand wine and beer by 2020
- 25 million units will be gradually removed from Accolaide 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 its range of products that will contain at least 50 per cent less calories than their core Chosen by you brand
- Coca-Cola Great Britain will reduce the calories 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 sales 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, Low 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.”
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% \textit{in vivo}.\textsuperscript{2} This lowers the bacterial burden in the mouth and in plaque that reforms.\textsuperscript{3} And when used for 6 months, LISTERINE® can reduce plaque levels by up to \textbf{52\%} more than brushing and flossing alone.\textsuperscript{4} 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.

\textbf{References:}
1. Barnett ML. JADA 2006; 137: 16S-21S.
2. Data on file FCLGBP0023+28, McNeil PPC.

Finish the job. Finish off with Listerine.
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 dealer based in Devon, Cornwall, Dorset and Somerset who can deal directly with the Planmeca factory to get the best prices for these award-winning pieces of equipment.

Paul Sutcliffe, owner S&S Dental Services 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 of design. Gone are the days of Planmeca Sovereign, just one of a range of Planmeca products available from S&S Dental Services.

S&S Dental Services provides a one-stop service and 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 introduce 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, profits are generally down whilst costs have increased. The average net profit for a typical dental practice appears to have remained static at around £25 over the last three years. While the highest UDA rate paid to a practice was around £44, the highest to an associate was £35.50.

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 2005/0 levels.

Private practice 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 around £44, the highest to an associate was £35.50.

The profit of Associates has experienced the greatest impact on profit.

The profit of Associates 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 but this is not always 50 per cent of the full UDA rate agreed with the Primary Care Trust.

Ian Simpson, Chartered Accountant and Specialist Dental Advisor, said that while private practice appeared to be surviving reasonably well despite the economy in 2010-11, mixed practices had suffered. He added, larger practices had experienced the greatest impact on profit.

Nick Ledingham, NASDAL chairman, of Specialist Dental Accountants Morris and Co, speaking at the press conference, said the figures provided an interesting insight into how dentists and their patients responded to an economy in the doldrums. He believes the NHS fee income has dropped because fewer non-exempt patients were going for treatment and some dentists were opting not to fulfill or were unable to fulfill their NHS contract. He believes mixed practices which have fared least well are best placed to prosper as the economy recovers.

He added: “NASDAL clients will benefit hugely from the statistics as their accountants will be able to benchmark their results and work with them to ensure they are well placed to maximise their potential.”